
# WISCONSIN STATE PLANNING GRANT
# FINAL REPORT TO THE SECRETARY

## SEPTEMBER 27, 2005

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# EXECUTIVE SUMMARY

Wisconsin's uninsured rate continues to be one of the lowest in the nation. Based on estimates from the 2004 Wisconsin Family Health Survey (FHS), the overall level of uninsurance has held steady at 5%. At any point in time during 2004 the FHS estimates that 4.96 million residents (93%) had some type of private or public health insurance coverage. Likewise, approximately 377,000 (7%) residents were uninsured at a given point in time during 2004.

Wisconsin is also committed to continuing investment in public programs that expand access to health insurance coverage for all its citizens. Between state fiscal years 2002 and 2005, Wisconsin Medicaid enrollment increased 39%. As of July 2005, over 800,000 Wisconsin residents, or 15% of the state's population, were covered by one of the Medicaid programs. The current budget signed by Governor Doyle in July preserves eligibility and benefit coverage for the Medicaid and SCHIP programs.

Wisconsin's success in maintaining a low uninsured rate and in developing successful public programs has been aided by support from Governor Jim Doyle and members of the Legislature. In the spring of 2004, Governor Doyle announced the KidsFirst Initiative.

> "The single most important thing we can do today to ensure a strong, successful future for Wisconsin is invest in our kids early. That's why I have launched KidsFirst, a comprehensive initiative to ensure that our kids are healthy, safe, prepared for success, and supported by strong families."

Wisconsin is second only to Rhode Island in the percentage of children insured. As of 2002, an estimated 53,000 of the State's children lacked health insurance. This represents a 22% decrease from two years previous, but to ensure that the number continues to decrease and that all of Wisconsin's children are insured, the KidsFirst program proposes:

- Public and private partnerships that will identify and enroll eligible low-income families in Medicaid;
- Providing grants to assist with efforts to enroll eligible minority families in Medicaid; and
- Extending the Volunteer Health Care Provider Liability Coverage Program to all health care professionals who volunteer their services in schools.

To further this effort, Wisconsin has been approved for a 2005 State Planning Grant Pilot Grant. The grant funds will be used to meet four goals: 1) identify all uninsured children under 300% FPL; 2) establish contacts with community-based organizations and health care providers who assist this population; 3) conduct a cost analysis of extending BadgerCare coverage to uninsured children under 300% FPL and develop a budget neutral expansion model; and 4) conduct focus group research to better refine the expansion model to accommodate the specific needs of minority populations.

The 2005 award allows Wisconsin to further develop work supported by earlier SPG awards. The 2004 funds are being used to compile county specific uninsured rates, which will provide a basis for identifying the uninsured children. In addition, 2004 funds will also be used to study

the impact of the BadgerCare program on hospital uncompensated costs. It is anticipated the study will confirm that hospital uncompensated care cost trends have decreased with the enactment and expansion of BadgerCare. The study results will provide an additional rationale to expand the BadgerCare program to cover the remaining uninsured children.

**Summary of Grant Activities**

The Supplemental SPG award supported activities that continue to build on the work from the 2000 SPG award. Three projects were supported by supplemental funds.

- **Review of the Health Insurance Premium Payment (HIPP) Program**

The Institute for Health Policy Solutions (IHPS) issued a report in December 2001, recommending that the Wisconsin Department of Health and Family Services (DHFS) revise the administration of the HIPP program to allow for greater participation. Citing restrictive enrollment conditions and requirements, IHPS concluded that a modification of the HIPP program requirements would lead to greater enrollment in private employer insurance plans and greater savings to the Wisconsin Medicaid program.

DHFS conducted new research to build on the findings of IHPS. Tasks included reviewing the HIPP application, screening, and enrollment processes; analyzing the cost effectiveness testing; and developing recommendations for increasing HIPP efficiency and enrollment.

IHPS determined that the criteria used to eliminate families from the HIPP option were too broad. The DHFS contractor, APS Healthcare, reevaluated these criteria and identified where in the current system individuals are eliminated from the HIPP option.

Results of the analysis found that 40% of applicants were disqualified because their employer contribution fell outside of the approved range of 40% to 79%. Cost effectiveness testing found that almost 25% of the applicants with an employer contribution less than 40% still proved cost effective. Another 62% of applicants were disqualified because they did not have at least one BadgerCare eligible child. More than half of these cases proved cost effective.

Analysis also found the need to work with employers who have self-funded health plans. Employees in businesses with self-funded plans have been excluded from the HIPP program because the Department has not had a reliable method for calculating costs associated with these plans. Almost one quarter of HIPP applications were not considered for cost effectiveness because the employee only had access to an employer self-funded plan. Gaining a more thorough understanding of how these plans are funded and work will allow the Department to evaluate how these plans fit into the HIPP program.

Program evaluation identified several systematic areas with recommended revisions. The wrap around costs and capitation rates used in the cost effectiveness determination have not been updated since the program's inception. Using updated data will allow for a more accurate cost effectiveness test. APS used updated wrap around costs and age and gender specific capitation rates in their analysis.

The study also recommended creating a central source to track HIPP data. In collecting data for the analysis, data was gathered from five distinct sources. The study found that the data

contained in the different sources was not always consistent and had to be cleaned for it to be useful.

The final report detailed the need to review four areas 1) updating wrap around costs used for cost effectiveness; 2) using age and gender based capitation rates for cost effectiveness; 3) eliminating the 40% employer premium contribution requirement; and 4) eliminating the requirement that at least one BadgerCare eligible child be in the household. For the complete reports see Appendices IV – VII.

- **Study of utilizing primary care clinics, community health centers, and federally qualified health centers to coordinate benefits and allow for greater health care access.**

Dane County is the State's second most populous county and is representative of the State's population. Therefore, as part of the 2000 SPG award, DHFS worked with the Dane County Health Council to conduct focus groups with both insured and uninsured individuals. The focus groups provided insight into the reasons individuals did not have insurance, how individuals received medical care, and what aspects of a health insurance product were most important.

With the supplemental award, DHFS continued its partnership with the Dane County Health Council. Through a contract with the Madison Community Health Center (MCHC), a Section 330 grantee and FQHC, DHFS examined expanding health care coverage through a coordinated system of enrollment and service delivery including prescription drugs. The MCHC contracted with the Coordinated Care Network (CCN), a national consulting group, to study the feasibility and cost of implementing a member case management program and establishing a 340B pharmaceutical program at the MCHC.

Based on current pharmaceutical reimbursement policy, Wisconsin is able to achieve significant cost savings. Therefore, DHFS is not pursuing the development of expanded use of the 340B program for Medicaid and BadgerCare recipients at this time. However, MCHC will continue to work with CCN to develop a member case management program and 340B program for the Dane County service area.

- **Continued refinement of insurance reporting tools**

Wisconsin utilizes two major health insurance reporting tools, the Medical Expenditure Panel Survey (MEPS - IC) and FHS, to collect and monitor insured rates and health insurance costs in the state. As part of the 2000 SPG, DHFS purchased an increased MEPS sample to ensure greater reliability in the data. DHFS also added new questions to the FHS. The additional questions focused on employment items including employer offerings of insurance and employee acceptance or refusal of insurance.

The 2003 Supplemental SPG funds supported additional analysis of the data collected through the FHS. The analysis allowed DHFS to determine how many adults have employer sponsored insurance, employer versus employee contribution to insurance plans, and the rate of acceptance for employer sponsored plans. For the complete reports see Appendices VIII – XI.

**Policy Options**

Based on the findings of the HIPP analysis, DHFS is pursuing revisions to the HIPP program. Modifications will be made to use updated wrap around costs and age and gender specific capitation rates when determining the cost effectiveness of HIPP applicants. A central data repository has been created to track HIPP information. From the repository DHFS is now generating monthly reports detailing the number of HIPP participants, employer information, and premiums paid.

A workgroup is reviewing Wisconsin's BadgerCare waiver and developing proposals for waiver expansion. Proposed waiver expansions include reducing the minimum employer contribution requirement and eliminating the requirement that each case must have at least one BadgerCare eligible child. Instead every HIPP applicant will be processed through the cost effectiveness model and enrollment will be based strictly on a cost effectiveness test.

In addition, DHFS staff is revising the collection of employer information and employer health insurance information. Currently, DHFS maintains a database of all Wisconsin employers with a federal tax identification number. DHFS plans to expand the database to include information on offered health insurance, if any, and rules on who is eligible for insurance. The final product will allow county intake workers and DHFS staff to process HIPP applications without making multiple contacts to an employer for insurance plan information.

**Recommendations for Federal Action**

SPG funds have been successfully used by Wisconsin to identify options to expand coverage for the state's uninsured population. Efforts to provide health insurance for the remaining uninsured could be supported through the following:

- Encouraging the Federal government work with state and local governments to encourage employers to provide eligibility workers with complete and current insurance information about insurance offerings, covered benefits, and associated premiums.
- Support Federal government proposals to expand private insurance options, like the Wisconsin BadgerCare HIPP program. When private insurance is available to individuals at a more cost effective rate than public health programs, states should be encouraged to buy recipients into the private insurance plan.

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## UNINSURED INDIVIDUALS AND FAMILIES

### Characteristics of the Uninsured

All of the data reported on the characteristics of the uninsured are estimates from the 2004 Family Health Survey (FHS). This random sample telephone survey is an ongoing project in the Wisconsin Department of Health and Family Services (DHFS), providing estimates of health insurance coverage, health status, health problems, and health care utilization to program managers and policymakers within DHFS and across the State.

According to the 2004 FHS, Wisconsin's overall level of uninsurance for this population was approximately 5%. Table 1 displays characteristics of the 275,000 Wisconsin residents who had no health insurance for a continuous 12-month period. See Appendix XII for a complete summary of the 2004 FHS.

**Table 1. Characteristics of People Uninsured for 12 Months, Wisconsin, 2004**

| | Number Uninsured | Percent Uninsured |
|---|---|---|
| **Total** | 275,000 | 5% |
| | | |
| **Household Income Reported in 2002** | | |
| Less than $25,000 | 108,000 | 12% |
| $25,000 – 49,999 | 86,000 | 6% |
| $50,000 – 74,999 | 22,000 | 2% |
| $75,000 or more | 21,000 | 2% |
| Not ascertained | 40,000 | 6% |
| | | |
| **Age Group** | | |
| Younger than 18 years | 28,000 | 2% |
| 18 – 24 years | 41,000 | 14% |
| 25 – 34 years | 51,000 | 8% |
| 35 – 44 years | 55,000 | 6% |
| 45 – 65 years | 57,000 | 4% |
| 65 years and older | 13,000 | 2% |
| | | |
| **Gender** | | |
| Male | 152,000 | 6% |
| Female | 123,000 | 5% |

| | Number Uninsured | Percent Uninsured |
|---|---|---|
| **Family Composition** | | |
| Lives in household that includes at least one child | 132,000 | 5% |
| Lives in household with no children present | 143,000 | 6% |
| | | |
| **Health Status (self-reported)** | | |
| Excellent | 62,000 | 4% |
| Very good | 68,000 | 4% |
| Good | 105,000 | 8% |
| Fair or Poor | 40,000 | 7% |
| | | |
| **Employment Status (Ages 18 – 64)** | | |
| Employed full time | 93,000 | 5% |
| Self-employed full time | 23,000 | 10% |
| Employed part-time | 38,000 | 10% |
| | | |
| **Race/Ethnicity** | | |
| White Non-Hispanic | 174,000 | 4% |
| Black Non-Hispanic | 28,000 | 9% |
| Hispanic | 57,000 | 30% |
| | | |
| **Geographic Location** | | |
| Milwaukee County | 69,000 | 8% |
| All other metropolitan counties | 116,000 | 4% |
| Nonmetropolitan counties | 90,000 | 6% |
| | | |
| **Farm Resident** | 40,000 | 12% |
| | | |
| **Poverty Status** | | |
| Below 200% poverty level | 148,000 | 10% |
| At or above 200% poverty level | 113,000 | 3% |
| Not ascertained | 14,000 | 7% |

**Source:** 2004 Family Health Survey, Wisconsin Department of Health and Family Services

**Note:** The column title "Percent Uninsured" displays the percentage uninsured in the group identified in the left-had column. For example, 2% of all individuals under the age of 18 were uninsured, while 14% of individuals between the ages of 18 – 24 were uninsured.

Data collected in the 2004 FHS illustrates the vulnerability of low-income Wisconsin household residents. While the overall uninsured rate in Wisconsin is 5%, low-income household residents 17% are uninsured.

"Low-income" is defined as living in a household with an annual income below 200% of the federal poverty guideline for that household size. Out of an estimated 1.2 million low-income Wisconsin household residents under age 65, approximately 17% or 198,000 were uninsured at one point in time during 2004. Table 2 illustrates the relationship between insured rates and having a low-income.

**Table 2. Insurance Status for Low-Income Residents, Ages 0-64**

| | Ages 0-17 | Ages 18-64 | Ages 0-64 |
|---|---|---|---|
| **Currently Uninsured and Low-Income** | 31,000<br>7% | 167,000<br>23% | 198,000<br>17% |
| **Currently Insured and Low-Income** | 416,000<br>93% | 562,000<br>77% | 978,000<br>83% |
| **All Low-Income** | 447,000<br>100% | 733,000<br>100% | 1,180,000<br>100% |

**Source:** 2004 Family Health Survey, Wisconsin Department of Health and Family Services

Among the 167,000 low-income uninsured adults, about 93,000 lived in households that included children under the age of 18.

The data collected also shows that the majority of the low-income individuals are employed. There were an estimated 733,000 adults (ages 18-64) living in low-income households. Of these close to 62% had some employment, either full- or part-time. Table 3 displays the employment status for the Wisconsin low-income adults.

**Table 3. Employment and Insurance Status for Low-Income Adults, Ages 18-64**

| | Employed Full Time | Other Employment | No Employment |
|---|---|---|---|
| **Currently Uninsured and Low-Income** | 62,000<br>20% | 32,000<br>23% | 71,000<br>26% |
| **Currently Insured and Low-Income** | 249,000<br>80% | 109,000<br>77% | 201,000<br>73% |
| **All Low-Income Adults** | 312,000<br>100% | 142,000<br>100% | 275,000<br>100% |

**Source:** 2004 Family Health Survey, Wisconsin Department of Health and Family Services

**Note**: "Employed Full Time" includes adults who had an employer and who usually worked 30 hours or more per week. Adults who ere self-employed or who usually worked less than 30 hours per week for an employer are included in "Other Employment."

## EMPLOYER-BASED COVERAGE

### Employer and Employee Characteristics

In examining employer-based coverage, businesses are grouped into two categories. Small businesses are those with fewer than 50 employees, and large businesses are those with 50 or more employees. In Wisconsin, large employers are more likely to offer health care coverage to their employees than small employers, and employees of large employers are more likely to be eligible for offered coverage. Table 4 provides more detailed information on health care coverage in Wisconsin by employer size.

**Table 4. Establishments That Offer Health Insurance and Their Employees.**

| | Total | Small Employers | Large Employers |
|---|---|---|---|
| **Establishments in Wisconsin** | 129,482 | 99,317 | 30,165 |
| **Number That Offer Health Insurance** | 72,510 (56%) | 43,699 (44%) | 28,355 (94%) |
| | | | |
| **Employees in Wisconsin** | 2,393,849 | 768,380 | 1,625,469 |
| **In Establishments That Offer Health Insurance** | 2,034,772 (85%) | 489,458 (64%) | 1,545,821 (95%) |
| **Eligible for Employer-Offered Insurance** | 1,601,366 (67%) | 358,283 (47%) | 1,242,840 (77%) |
| **Enrolled in Health Insurance** | 1,192,376 (50%) | 249,624 (33%) | 944,497 (58%) |

**Source:** U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component, 2003.

### Premium Costs

Among employers offering coverage, the cost of health coverage and the employee contribution to those costs was examined across employer groups. While large employers are more likely to offer health insurance, small employers are more likely to offer at least one plan that does not require any employee contribution. For single coverage, the employee contribution is on average less for employees of small employers than for those of large employers. The employee contribution for family coverage is only slightly higher for employees of a small employer.

**Table 5. Employers That Require No Employee Contribution for at Least One Plan**

| | Total | Small Employer | Large Employer |
|---|---|---|---|
| **Single Coverage** | 21,028 (29%) | 19,228 (44%) | 1,134 (4%) |
| | | | |
| **Family Coverage** | 14,502 (20%) | 14,421 (33%) | 284 (1%) |

**Table 6. Average Annual Employee Contribution for Coverage**

| | Total | Small Employer | Large Employer |
|---|---|---|---|
| **Single Coverage** | $830 | $856 | $822 |
| | | | |
| **Family Coverage** | $2,258 | $2,443 | $2,214 |

**Source:** U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component, 2003.

**Current Projects on Employer Coverage**

In 2001, new questions were added to the FHS (FHS methodology described in Appendix XII) using SPG funds. The new survey questions focus on job characteristics (tenure, hours per week), employer characteristics (type of employer, small business status), employer offer of insurance, employee acceptance or refusal of insurance, and dependent coverage under employer insurance. Supplemental SPG funds were used to support analysis of these data for calendar years 2002 and 2003.

The final analysis found that employment does not guarantee access to employer-sponsored insurance. Age, employment status (part-time versus full-time), and poverty status are factors that can and do impact insurance coverage. The 2003 FHS showed:

- 18% of all employed adults work for an employers that do not offer health insurance, however:
  - ✓ 38% of workers between the ages of 18 and 29 work for employers that do not offer health insurance.
  - ✓ 66% of part-time workers work for employers that do not offer health insurance.
  - ✓ 46% of poor workers work for employers that do no offer health insurance.

# OPTIONS AND PROGRESS IN EXPANDING COVERAGE

## BadgerCare HIPP Premium Assistance

The benefits of premium assistance programs include the ability to leverage employer contributions, keep family members together, limit crowd-out, ease transition from public to private coverage, strengthen the private insurance market and eliminate the stigma of public insurance programs. Premium assistance programs have considerable promise in states with high rates of employer sponsored insurance. In Wisconsin, three quarters of uninsured individuals are in a household that includes a full-time worker. In addition, most (81%) employees aged 18-64 are offered employer sponsored insurance.

In response to this seemingly favorable environment, the BadgerCare HIPP program was implemented in 1999. However, as of June 2001, only 32 families had been bought into the program. The Legislature enacted legislation in March 2001, that in addition to approving new funding to support BadgerCare, required the Department to make recommendations on how to increase participation (enrollment) in the BadgerCare HIPP employer buy-in program. In 2001, an SPG research project supported the Department's formal recommendations to the Legislature which proposed to:

- Simplify application and insurance verification procedures;
- Eliminate the minimum employer premium contribution;
- Establish BadgerCare eligibility as a "qualifying event" for immediate enrollment in an employer plan; and
- Increase employer awareness of the HIPP program.

Over the past four years, many of these recommendations have been implemented.

- **Share of Employer Premium Contribution**

When BadgerCare was implemented in July 1999, provisions were included in the program to prevent the substitution of public insurance for private insurance. This supplanting of private insurance is termed "crowd-out." A provision to prevent crowd-out required an employer to pay at least 60%, but less than 80%, of a family premium in order to qualify for the HIPP program. It was believed that a means of increasing participation in the HIPP program was to lower or eliminate the minimum employer contribution towards a family health care plan. On October 18, 2001, this 60% minimum employer contribution was changed to 40% following the publication of the final federal SCHIP regulations.

- **Establishment of BadgerCare Eligibility as a "Qualifying Event" for Immediate Enrollment in an Employer Plan**

The 2003-05 Wisconsin budget contained a provision allowing an employee who is not enrolled, but who is eligible for coverage, to immediately enroll in the employer's health plan if they are eligible for coverage and participate in the state's Medicaid or BadgerCare HIPP program. Therefore, if the State determines a BadgerCare enrollee is eligible for the HIPP program, that employee could immediately participate in the employer's health care plan rather than waiting

for the employer's open enrollment period. Governor Doyle signed this legislation on July 24, 2003. (WI Act 33, Wis.Stat.632.746(7m)). Despite these efforts, HIPP enrollment remains low. As of August 2005, only about 300 families were enrolled in the program.

The Legislature's initial request for HIPP recommendations indicated interest in supporting statutory changes to the HIPP program or other employer coverage buy-in policies. Accordingly, SPG supplemental funds supported a comprehensive evaluation of the BadgerCare HIPP program.

The final report recommended focusing on four areas for review and possible modification: 1) updating wrap around costs used for cost effectiveness; 2) using age and gender based capitation rates for cost effectiveness 3) eliminating the 40% employer premium contribution requirement; and 4) eliminating requirement to have at least one BadgerCare eligible child.

The first two areas are program modifications that can be made without amending the waiver or involvement from the legislature. The DHFS will continue work to update the wrap around costs and capitation rates used in the cost effectiveness testing.

The last two areas will require amending the waiver and approval from the legislature. A DHFS workgroup will review the findings and prepare recommendations to amend the waiver in order to maximize both program enrollment and savings. If a successful model can be built in the BadgerCare HIPP program, it is hoped that it can be replicated for other DHFS programs, for example, the Medicaid program.

**Dane County Health Council**

Recognizing that employer-sponsored insurance is not an option for many of Wisconsin's uninsured, DHFS partnered with the Dane County Health Council to examine the expansion of safety net care. The Dane County Health Council is a volunteer group of business and government leaders, created to address issues related to the uninsured in the county. Under the 2000 SPG, funding was provided for the Council to establish a tool for community providers to conduct benefits counseling to expand access to insurance and other health care services available, but previously uncoordinated, in Dane County.

Continuing to build on the work from 2000, DHFS is again partnered with the Council to assess the viability of expanding coverage by utilizing Federally Qualified Health Centers (FQHC) for case management. The Council worked with the Madison Community Health Center (MCHC) FQHC, and contracted with a national consultant to conduct a study on expanding coverage through the utilization of case management and a 340B pharmaceutical program. Specifically the study examined:

- Implementing a "Member Case Management" program or similar program in Dane County, Wisconsin; and
- Establishing an initial 340B pharmaceutical program at MCHC that will have the capacity for growth and expansion.

FQHCs utilize sliding fee scales, receive cost based reimbursement, can provide discounted prescription drugs through the 340B drug pricing program, and are therefore an important component in health care delivery. By using the Council and MCHC as a pilot program, the

ultimate goal is to learn how Wisconsin may be able to successfully use the state's other twenty-seven FQHCs to full advantage in providing health care for the uninsured.

The study found that it would not be beneficial for DHFS to pursue the 340B program for the state's Medicaid and BadgerCare populations. However, for the uninsured not eligible for public-sponsored programs, the 340B program could provide not only savings, but may be able to generate savings that will allow MCHC to expand its services. MCHC has established a 340B program and is continuing to evaluate how to utilize pharmaceutical savings to expand services to more of Dane County's uninsured.

## RECOMMENDATIONS TO THE FEDERAL GOVERNMENT

Research conducted by Wisconsin for SPG activities has provided stakeholders with a considerable base of information on access to health insurance. The SPG funds have also allowed Wisconsin to evaluate the workings of current public health insurance programs. There is, however, more work that can be done and the Federal government can assist with efforts to obtain data and expand health insurance coverage.

Collection of Employer Insurance Information

Wisconsin DHFS is modifying its current employer database to include information on offered health insurance and rules on who is eligible for insurance. The maintenance of the database will assist eligibility workers and DHFS staff in evaluating applications for public health insurance programs. The database will also reduce the need for multiple phone calls or mailings to employers to obtain insurance information.

The value of having current data that adequately informs policy decisions cannot be overstated. Therefore, it is recommended that the Federal government consider continuing financial support for data collection efforts.

Waiver Expansions

This most recent analysis of the BadgerCare HIPP program found that with two expansions to the current waiver, additional people may be enrolled in HIPP at a cost savings.

The Federal government should encourage states to explore the opportunities available in the private insurance market. When private insurance is available at a more cost effective rate than public health insurance programs, states should be encouraged to buy recipients into the private insurance plan.

## APPENDIX I

### Baseline Information For Wisconsin

**Total Population (2004 U.S. Census Bureau):** 5,509,026

**Number and Percentage Uninsured (2004 FHS)** 275,000 (5%)

**Median Age (2004 U.S.Census Bureau):** 37.4

**Percent of population living in poverty (2004 U.S. Census Bureau):** 12.3%

**Non-Farm Industries in Wisconsin by Employment (2004 Quarterly Census of Employment and Wages):**

| | |
|---|---|
| Trade, Transportation, and Utilities | 554,082 |
| Education and Health Services | 545,011 |
| Manufacturing | 503,002 |
| Business, Financial, and Information Services | 412,271 |
| Leisure and Hospitality | 261,003 |
| Construction and Mining | 149,685 |
| Government | 141,705 |
| Miscellaneous Services | 83,050 |

**Number and Percent of Employers Offering Coverage:**

The following data was obtained from the 2003 MEPS-IC survey conducted by AHRQ.

| | |
|---|---|
| Number of Establishments in Wisconsin, 2003: | 129,482 |
| Number that Offer Health Insurance, 2003: | 72,510 |
| Percent: | 56% |

For more detailed information, please see the Employer Based Coverage section.

**Number and Percent of Self-Insured Firms** Not available

**Payer Mix**

In the 2004 FHS, questions were asked about respondents' current health insurance status. This provides an estimate that is a "snapshot" of Wisconsin at one point in time. Based on the responses to questions about current health insurance status,

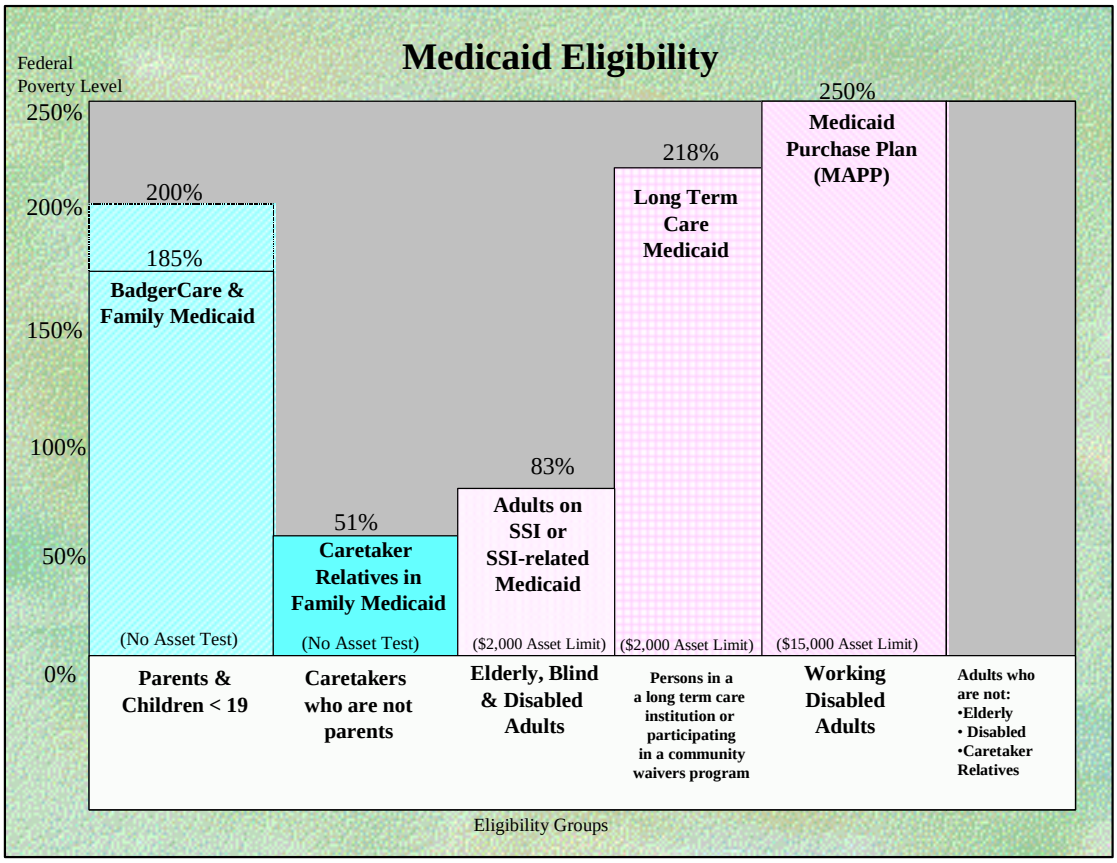
- 77% of Wisconsin residents have private health insurance including employer sponsored and privately purchased coverage.
- 14% of Wisconsin residents have Medicare.
- 9% of Wisconsin residents report having Medicaid or BadgerCare.

It should be noted that Medicaid and BadgerCare wrap around other insurance coverage, so the percentage of residents with private health insurance coverage and the percentage covered under public programs are not mutually exclusive.

**Provider Competition**

SPG activities did not assess provider competition in Wisconsin's marketplace.

**Eligibility for Existing Coverage Programs (Medicaid/SCHIP/others)**




**Use of Federal Waivers**

As reported in the Policy Options section of the text, a workgroup is reviewing Wisconsin's BadgerCare waiver and developing proposals for waiver expansion.

## APPENDIX II

### Links to Research Findings and Methodologies

**Wisconsin Family Health Survey:**

http://www.dhfs.state.wi.us/stats/familyhealthsurvey.htm

The Wisconsin Family Health Survey methods are described and results are presented in the annual report, *Wisconsin Health Insurance Coverage, 2004*, available at this site.

**Wisconsin State Planning Grant**

http://dhfs.wisconsin.gov/medicaid8/state-grant/2003spr/2003spr.htm

All reports for the 2003 SPG activities, including methods and results, are posted on this site.

- Employer-Based Health Coverage in Wisconsin and Nationally, 1998 – 2002
- Employer-Sponsored Health Insurance Coverage, Wisconsin Family health Survey 2002 and 2003
- HIPP Enrollment Process Review, Final Report
- HIPP Case-by-Case Cost-Effectiveness Evaluation
- HIPP Program-Wide Cost-Effectiveness Evaluation
- BadgerCare/HIPP Analysis Recommendations

In addition, the final report to HRSA will be posted on this site.

## APPENDIX III

## SPG Summary of Policy Options

| Option Considered | Target Population | Estimated Number of People Served | Status of Approval | Status of Implementation | If implemented, most recent estimate within the federal fiscal year. |
|---|---|---|---|---|---|
| | | | | | |

As discussed in the body of the text, Wisconsin is reviewing policy options for possible implementation.

**APPENDIX IV**

# Wisconsin State Planning Grant

## HIPP Enrollment Process Review

**December 12, 2004**

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# HIPP Enrollment Process Review

## Project Summary

APS updated the 2001 Institute for Health Policy Solutions (IHPS) analysis of barriers to enrollment in the Health Insurance Premium Payment program (HIPP) to determine at what point in the process potential enrollees are "lost". It is intended that the results of this analysis will be used to improve processes and/or inform discussions related to potential targets for program expansion.

## Data Sources

The primary data source for this analysis was the Employer Verification of Insurance Coverage (EVIC) statistics reports. These reports display various HIPP enrollment statistics, displayed as program inception to current month cumulative totals. The reports are maintained and updated by the EDS HIPP unit and are delivered to the Division of Health Care Financing (DHCF) on a monthly basis. Data from July 2002 through June 2004 were used in this analysis. In order to identify trends over time, the two-year analysis period was divided into 6-month increments.

The EDS HIPP unit also maintains monthly mail statistic reports. The monthly mail statistics reports are one of the data sources used to compile the EVIC statistic reports. A small number of monthly mail statistic reports were reviewed as part of this analysis.

## Method and Findings

### Analyze and Verify Data Sources

*Method*

Because the monthly mail statistic reports are a data source used to compile the EVIC statistics reports, it was assumed that the data contained in the two reports would be consistent. To test this hypothesis, monthly mail statistic reports were compared to the corresponding EVIC statistics report. One monthly report was reviewed for each of the analysis periods.

| Analysis Period Label | Analysis Period Dates | Mail Statistic Month Reviewed |
|---|---|---|
| 2002-2 | July 2002-December 2002 | August 2002 |
| 2003-1 | January 2003-June 2003 | March 2003 |
| 2003-2 | July 2003-December 2003 | October 2003 |
| 2004-1 | January 2004-June 2004 | April 2004 |

*Findings*

In nearly all cases, the data contained in the monthly mail statistic reports exactly matched the corresponding data in the EVIC statistic reports. In fact, there was only one month (August 2002) that had any incongruency between the monthly mail statistic and EVIC statistics reports, and the difference was minor.

However, in two of the four months reviewed (August 2002 and October 2003), there were inconsistencies in the EVIC statistics reports. The EVIC statistics reports are divided into sections closely approximating the enrollment decision making process. The number of

applicants 'passing' one step should be accounted for in the next step. For example, the total number of currently employed applicants with a returned EVIC form (end of step 1) should match the sum of persons processed in step 2.

The inconsistencies discovered in August 2002 data were spread throughout the report, while the error found in the October 2003 report is isolated to the cost effectiveness determination step. In fact, October's data most likely is not errant, but rather may reflect processing of a backlog of applicants (over 1,200 applicants were processed in the cost effectiveness step during this month, compared to less than 50 in an average month).

In sum, this analysis indicates that the EVIC statistics reports are not perfect. In fact, each period of analysis has at least one data inconsistency. However, these reports are likely accurate enough to support the summary-level enrollment analysis we plan to undertake.

The recent (May 2004) transition from the EVIC form and associated enrollment process to the new employment verification and Employer Sponsored Health Insurance Information (ESHI) forms and process provides an opportunity to re-visit and revise the HIPP enrollment reporting process. First, it is recommended that the reporting process be automated as manual processes are not only cumbersome, but also are inherently subject to human error. It is also recommended that routine data quality monitoring take place. This may include a 'balancing' process to ensure the internal consistency of the reports (for example, testing that the number of recipients 'passing' one step in the enrollment process matches the number represented in the subsequent step). When deviations from the usual process result in data inconsistencies, the reasons and known implications should be explained in the report.

**Evaluate Barriers to HIPP Enrollment**

*Method*

Arithmetic calculations were performed using the EVIC statistics report data (cumulative in nature) to generate statistics for each of the 6-month analysis periods. For example, per the EVIC statistics report, there were 88,520 EVICs returned from program inception through 6/30/02. By 12/31/02, 104,223 had been returned. Therefore, it was assumed that this difference of 15,703 represented EVICs submitted during the analysis period of July 2002-December 2002. This method was replicated for the other periods.

*Findings*

An average of 15,761 EVIC forms was returned in each 6-month period. Of those returned, between 13% and 28% indicated that the applicant is no longer employed. The percentage varied from period to period and no definitive trend was evident. Those currently employed (ranges from 72% to 87%) move to the next step in the enrollment process. In the two-year period we analyzed, 49,425 applicants (an average of 12,356 per 6-month period) were currently employed and moved on to the next enrollment step.

Half of those currently employed did not have access to family coverage. (Applicants are categorized as having no access to family coverage if they are offered no coverage at all or individual coverage only.) This finding is consistent over all the periods we analyzed. Another quarter of those currently employed had access to a self-funded plan. Program policy does not

exclude self-funded plans, per se. However, in most cases, these applicants do not proceed through the HIPP enrollment process.

Consequently, during this two-year period, only eight percent of those currently employed (3,800 of 49,425) were found to have had access to an approved plan. Table 1 provides additional summary statistics.

| Table 1 | 2002-2 | 2003-1 | 2003-2 | 2004-1 | Total |
|---|---|---|---|---|---|
| Of returned, percent no longer employed | 25% | 28% | 19% | 13% | |
| Of returned, percent currently employed | 75% | 72% | 81% | 87% | |
| Number moving on to next step | 11,823 | 12,213 | 13,700 | 11,689 | |
| | | | | | |
| Of returned and employed… | | | | | |
| Percent with no access to family coverage | 51% | 49% | 53% | 50% | |
| Percent with access to state plan | 0% | 3% | 0% | 1% | |
| Percent with no access to HIPAA std plan | 1% | 1% | 1% | 3% | |
| Percent with self-funded employer plan | 22% | 22% | 24% | 24% | |
| Percent with access 18 month/80% employer contribute | 10% | 10% | 7% | 5% | |
| Percent currently insured | 7% | 8% | 5% | 4% | |
| Percent in processing/follow up/unable to process | 3% | 2% | 3% | 2% | |
| Percent with access to employer HIPAA plan (moving on to next step) | 7% | 5% | 7% | 12% | |
| Number with access to employer HIPAA plan (moving on to next step) | 784 | 617 | 988 | 1,411 | 3,800 |

After an applicant has been deemed to have access to an approved plan, the plan is evaluated to determine whether the employer's premium contribution level is in the accepted range of 40% to 79%. Over half the eligible applicants had employer contributions in the acceptable range. This percentage has not changed significantly over the period of analysis as seen in Table 2.

| Table 2 | 2002-2 | 2003-1 | 2003-2 | 2004-1 | Total |
|---|---|---|---|---|---|
| Of those with an approved plan, the percent with the following employer contribution… | | | | | |
| 0-9% | 18% | 13% | 16% | 11% | |
| 10-19% | 7% | 8% | 7% | 7% | |
| 20-29% | 8% | 11% | 7% | 6% | |
| 30-39% | 7% | 7% | 7% | 7% | |
| 40-49% | 8% | 6% | 8% | 9% | |
| 50-59% | 18% | 23% | 22% | 20% | |
| 60-79% | 31% | 30% | 27% | 33% | |
| 80% or more | 4% | 3% | 6% | 6% | |
| | | | | | |
| Percent with qualifying employer contribution (moving on to next step) | 57% | 59% | 57% | 62% | |
| Number with qualifying employer contribution (moving on to next step) | 435 | 538 | 569 | 881 | 2,423 |

In the two-year period we analyzed, 2,423 applicants were currently employed, had access to an approved plan, and had an acceptable employer contribution level. However, a large percent of these never made it to the cost effectiveness determination step. To proceed to the cost effectiveness determination step, the applicant must have at least one BadgerCare-eligible child. Sixty-two percent (1,495 of 2,423) of potential HIPP enrollees did not have at least one BadgerCare-eligible child, and therefore did not proceed to the cost-effectiveness determination step.

Other reasons why applicants with access to an approved plan with an acceptable employer contribution level did not progress to the cost-effectiveness determination step are listed in Table 3. As in the EVIC statistics reports, the data are grouped by employer contribution level (40-59% or 60-79%).

**Table 3**

| | 2002-2 | 2003-1 | 2003-2 | 2004-1 |
|---|---|---|---|---|
| **40-59% Employer Contribution** | | | | |
| Percent no longer employed | 0% | 0% | 0% | 0% |
| Percent no longer BC eligible | 17% | 19% | 2% | 7% |
| Percent currently covered by employer insurance | 1% | 1% | 0% | 0% |
| Percent employer no longer offers coverage | 0% | 0% | 0% | 0% |
| Percent of cases with children not BC eligible | 58% | 73% | 13% | 63% |
| Percent that need additional info from employer | 1% | 0% | 0% | 3% |
| Percent that go on to cost effectiveness test | 24% | 7% | 84%* | 27% |
| **Number that go on to cost effectiveness test** | **46** | **17** | **1,264*** | **111** |
| | | | | |
| **60-79% Employer Contribution** | | | | |
| Percent no longer employed | 0% | 0% | 0% | 0% |
| Percent no longer BC eligible | 13% | 13% | 9% | 8% |
| Percent currently covered by employer insurance | 2% | 1% | 0% | 0% |
| Percent employer no longer offers coverage | 0% | 0% | 0% | 0% |
| Percent of cases with children not BC eligible | 56% | 59% | 64% | 61% |
| Percent that need additional info from employer | 2% | 1% | 3% | 4% |
| Percent that go on to cost effectiveness test | 28% | 25% | 23% | 26% |
| **Number that go on to cost effectiveness test** | **66** | **69** | **61** | **124** |
| | | | | |

** Note: In October of 2003, 1500 EVICs were processed (this step and cost effectiveness determination), possibly as a clean-up of backlogged forms.*

During this two-year period, 1,758 applicants completed the cost effectiveness test (including 1,223 from the anomalous October 2003 backlog). In an average 6-month period, 68 applicants in the 40-59% employer contribution category and 80 applicants in the 60-79% employer contribution category completed the cost effectiveness test.

As shown in Table 4, applicants with higher employer contribution levels (60-79%) were shown to be cost effective at a higher rate than applicants with lower employer contribution levels (40-59%).

| Table 4 | 2002-2 | 2003-1 | 2003-2 | 2004-1 |
|---|---|---|---|---|
| **40-59% Employer Contribution** | | | | |
| Percent cost effective for buy-in | 7% | 17% | 0% | 23% |
| Percent cost effective for future[+] buy-in | 22% | 25% | 1% | 9% |
| Percent not cost effective | 72% | 58% | 98% | 68% |
| **Number cost effective for buy-in now / in future** | **3 / 10** | **8 / 12** | **5 / 16** | **25 / 10** |
| | | | | |
| **60-79% Employer Contribution** | | | | |
| Percent cost effective for buy-in | -6%* | 16% | 23% | 39% |
| Percent cost effective for future[+] buy-in | 48% | 48% | 48% | 29% |
| Percent not cost effective | 58% | 36% | 30% | 32% |
| **Number cost effective for buy-in now / in future** | **-4* / 32** | **11 / 33** | **14 / 29** | **48 / 36** |
| | | | | |
| **Total cases bought in during period** | **17** | **24** | **39** | **77** |
| | | | | |
| [+] *Note: Governor Doyle signed legislation on July 24, 2003 making HIPP eligibility a 'qualifying event'. Employers, however, can still impose a waiting period before the applicant is eligible for health benefits. These waiting periods are the primary reason cost-effective applicants are ineligible for immediate buy-in.* | | | | |
| ** Note: The statistics for this period result in a negative 'Percent cost effective for buy-in' and a negative 'Number cost effective for buy-in now / in future'. The reason for this anomaly is not evident.* | | | | |

## Summary

A very small percentage of employed BadgerCare enrollees were enrolled in the BadgerCare HIPP program during this two-year period. Of the 49,425 currently employed applicants, only 157 (0.3%) were bought into the program. A number of opportunities for program expansion were discovered during the course of this analysis and are discussed below.

*Individual versus Family Coverage*

Half of the applicants deemed 'currently employed' did not have access to family coverage. It is likely that many of these applicants had access to individual coverage, but not family coverage. Using the EVIC statistics reports, it is impossible to ascertain the percentage of those who had access to individual coverage. There is an opportunity to increase HIPP enrollment by enrolling applicants in individual coverage if all other criteria are met (employer contribution percent, cost-effectiveness, etc.).

*Self-funded Plans*

A quarter of those 'currently employed' had access to a self-funded plan. Although it is reported that program policy does not exclude self-funded plans per se, it appears that these applicants do not proceed through the HIPP enrollment process. A better understanding of how to address self-funded plans (specifically as it pertains to determination of the employer contribution percent) may lead to increased HIPP enrollment.

*Employer Contribution*
Approximately 40% of applicants who had access to approved plans had employer contributions outside the acceptable range – the vast majority with employer contributions <40%. There may be an opportunity to increase HIPP enrollment by expanding the acceptable employer contribution range. Although applicants with lower employer contribution levels (40-59%) are less likely to be deemed cost effective than cases with higher contributions (60-78%), there may be a benefit to testing this on a case-by-case basis since the cost to determine cost effectiveness is low compared to the potential benefit cost savings.

*BadgerCare-eligible Child*
A large percent of those currently employed with access to an approved plan with an acceptable employer contribution level never made it to the cost effectiveness determination step because they did not have at least one BadgerCare-eligible child (62% - 1,495 of 2,423). Since having a Medicaid or BadgerCare-eligible child is a condition of BadgerCare adult enrollment, it follows that BadgerCare-eligible adults that do not have a BadgerCare-eligible child must have at least one Medicaid-eligible child. In addition to the potential cost-savings lost by not enrolling the eligible adult in employer sponsored insurance, there are savings lost by not enrolling the Medicaid-eligible children. Therefore, there is a significant opportunity to increase HIPP enrollment by enrolling cost-effective applicants (and their Medicaid-eligible children), whether or not they have a BadgerCare-eligible child.

## Next Steps
For a number of reasons including resource availability, required legislative action and waiver requirements, some of the opportunities identified above may be more feasible to implement than others. For those changes that are deemed practical by the DHCF, APS will undertake additional analyses to explore the potential impact of the changes on HIPP enrollment and associated program savings. These additional analyses will be completed following the completion of the program-wide cost effectiveness evaluation (in progress) and the case-by-case cost effectiveness evaluation (scheduled to begin in January 2005).

**APPENDIX V**

# Wisconsin State Planning Grant

## HIPP Program-Wide Cost-Effectiveness Evaluation

**January 5, 2005**

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# HIPP Program-Wide Cost-Effectiveness Evaluation

## Project Summary

The benefits of premium assistance programs include the ability to leverage employer contributions, keep family members together, limit crowd-out, ease transition from public to private coverage, strengthen the private insurance market and eliminate the stigma of public programs. Wisconsin's Health Insurance Premium Payment (HIPP) program was implemented in 1999 with these goals in mind. The aim of this analysis is to determine the extent to which the program successfully leverages employer contributions in a manner that is cost-effective to the Medicaid program.

HIPP program-wide cost-effectiveness evaluations have been completed on a fiscal year basis by the Division of Health Care Financing (DHCF). This cost-effectiveness test compares premium payments plus wrap-around benefits to the BadgerCare capitation rate. (The wrap-around payments represent fee-for-service (FFS) Medicaid payments for services not covered under the enrollee's employer-sponsored coverage). Building upon the existing evaluation framework, APS conducted a cost-effectiveness analysis for calendar year (CY) 2003. This analysis differs from the DHCF's annual analysis in a number of ways. In order to improve the accuracy of the estimates, we used age-/gender-adjusted capitation rates rather than using a single capitation rate for all HIPP participants in a given rate region. In addition, our analysis considered new variables and data sources.[1]

## Data Sources

No single data source contains all the elements required for our analysis. In fact, five distinct sources were used to complete the analysis – three were needed to structure the enrollment database alone. A listing of the sources follows; detailed descriptions of each are located in *Appendix A.*

1) EDS HIPP unit enrollment spreadsheet
2) BadgerCare HIPP Payouts/Manual Checks/Voids for SFY 2003 and SFY 2004
3) MEDS Recipient ODS universe
4) Capitation rate tables
5) MEDS Claims Analysis universe

## Method

A summarized description of the analysis method follows. Details can be found in *Appendix B.*

Because no existing data source contained all the enrollment information required for this analysis, our first step was to create a CY 2003 enrollment database. There are three data sources

[1] A detailed accounting of differences between the current analysis (CY 2003) and those completed by DHCF (SFY 03 and SFY 04) is located in *Appendix C.*

containing information on HIPP eligibility/enrollment: the EDS HIPP unit enrollment spreadsheet, the BC HIPP Payouts and the MEDS Recipient ODS universe. All were used at some point in the creation of the enrollment database. The EDS HIPP unit enrollment spreadsheets were used as the basis for the development of the program enrollment roster, the BC HIPP Payouts were used to determine monthly enrollment and the MEDS Recipient ODS universe was used to identify family members comprising a case and to assign those members to the demographic groups required for the capitation rate calculation. At each step of the process, discrepancies among the data sources were discovered; examples of these data inconsistencies are noted in *Appendix B.*

During the creation of the enrollment database, 106 cases (and 362 associated family members) were found to have a premium payment for one or more month during CY 2003; these 468 participants form the enrollment roster from which the rest of the analysis is based.

Each case member was assigned a monthly capitation rate based on their demographic information. The monthly rate was multiplied by the number of HIPP-enrolled months in 2003 to produce the total capitation cost for that member. The total capitation cost for all members in the case was summed to produce the total capitation cost for the case. In total, $438,084.30 in capitation costs were assigned to the CY 2003 HIPP cases.

Premium payments were calculated using the BC HIPP Payout data. During the course of determining monthly HIPP eligibility, premium payments were attributed to CY 2003 months. All premiums attributed to 2003 months were summed for each case to produce the total premiums paid for that case. In CY 2003, a total of $192,869.95 in premium payments was spent on the 106 cases (and 362 associated family members) we analyzed.

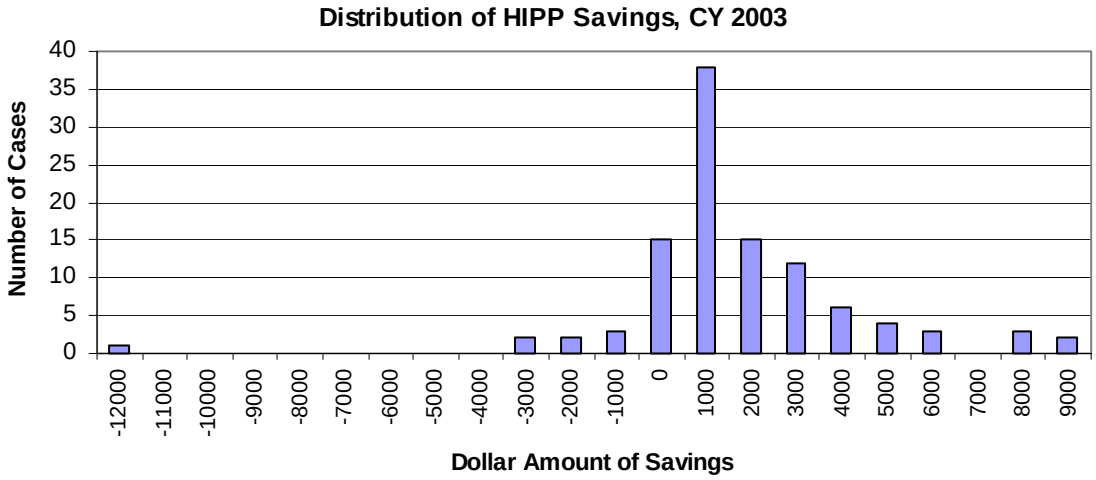
The MEDS Claims Analysis universe was used to extract wrap-around costs for HIPP enrollees. Wrap-around costs for each case member were summed to the case head level. $115,777.08 in wrap-around costs were retrieved for 340 recipients (of 468). There were wrap-around costs for all but 9 of the 106 cases.

Total savings were calculated at the case level by subtracting the premium payments and wrap-around costs from the capitation payments. The costs of administering the program were not included in the cost savings calculation. According to this analysis, the HIPP program saved $129,437.27 during CY 2003.

## Findings

The HIPP program saved $129,437.27 during CY 2003 – an average of $1,221.11 for each of the 106 cases. This savings represents the difference between what the HIPP case would have cost under managed care (capitation payments) and the actual costs incurred during HIPP enrollment(premiums paid and wrap-around claims). This analysis does not account for any costs associated with administering the HIPP program; rather, it represents savings associated with the utilization of health care services covered under Medicaid.

The vast majority of cases (83 of 106) had cost savings in 2003 ranging from $26.64 to $8,538.03. Twenty-three cases did not result in savings and had losses ranging from $2.59 to $12,441.10. While there was one case that generated significant losses ($12,441.10), it is an extreme outlier (the case with the second greatest loss was $3,282.02). As shown on the following chart, the amount of savings per case was relatively normally distributed around the mean.




A Pearson correlation calculation was used to determine which, if any, of the case characteristics had a strong influence on the amount of savings. The monthly savings for each case (total savings in 2003 divided by the number of months enrolled in HIPP in 2003) was compared to the following case characteristics: number of adults in case, number of children in case, case size, employer contribution percent, insurance type (HMO or PPO), calculated (projected) monthly savings and average monthly premium. All comparison variables were gathered from the EDS HIPP unit enrollment spreadsheet with the exception of the average monthly premium which was calculated during the cost-effectiveness analysis. The following table displays the correlation coefficients that resulted. When examining this table, keep in mind that the maximum coefficient value is 1.0 and the higher the coefficient, the stronger the relationship between the variables. (Coefficients for the insurance type (HMO or PPO) and employer contribution percent comparisons are not displayed because the results were not statistically significant.)

| | # Adults | # Children | Total Case Size | Projected Monthly Savings | Average Monthly Premium |
|---|---|---|---|---|---|
| 2003 Monthly Savings | .318 | .387 | .444 | .472 | -.197 |

[The projected monthly savings represents the amount that the HIPP unit system estimated that the case would save on a monthly basis; this calculation is done at the time of program enrollment. The 2003 monthly savings is that which was calculated in this cost-effectiveness analysis.]

As the table illustrates, none of the case variables analyzed are strongly correlated with the 2003 monthly savings. The variable correlated most strongly with the 2003 monthly savings was the projected monthly savings. However, this relationship can best be described as a moderate correlation. (The correlation value should be >0.5 to be deemed a strong correlation.) As both variables (2003 monthly savings and projected monthly savings) intend to represent the savings associated with the case, some might expect the correlation between the two to be stronger. However, the weakness of the correlation is not surprising as it likely highlights the differences in methods used to calculate the savings figures.

One difference between the cost savings calculation methods is the capitation rate used. The HIPP unit system does not use an age/gender adjusted capitation rate when calculating projected savings. Instead, a single rate region-level rate is applied to all members of the case, regardless of age or gender. Therefore, for every additional case member, there is a directly proportional increase in the projected capitation rate (which results in a greater likelihood of savings). In contrast, the 2003 savings were calculated using age/gender adjusted capitation rates. Children, except for those <1, tend to have lower capitation rates than adults. Additional case members (particularly children) may not result in a significantly higher projected capitation payments because they are comparatively 'cheaper' than adults.

Another difference between the methods is the treatment of wrap-around costs. While the wrap-around costs used in the 2002 analysis reflect actual participant history, the wrap-around costs used in the HIPP unit system calculation are merely estimates (as actual costs are not available prior to program enrollment).

## Conclusion

The results of this analysis confirm what has been found in previous analyses – the HIPP program results in savings to the Medicaid program. Although reflective of different time frames, our savings estimate ($129,437.27 in CY 2003) is similar to that calculated by the DHCF ($175,477.93 in SFY 03 and $217,722,20 in SFY 04).[2]

[2] A detailed accounting of differences between the current analysis (CY 2003) and those completed by DHCF (SFY 03 and SFY 04) is located in *Appendix C*.

These findings do not identify any case characteristics that significantly impact cost-effectiveness. As stated previously, neither case size nor projected monthly savings are strongly correlated with the actual savings calculated for CY 2003. There was insufficient information to determine whether or not employer contribution percent or insurance type was correlated with savings.

Although not directly related to the eventual cost savings findings, mention must be made of the data available to complete this analysis. The lack of a single comprehensive enrollment database presents a significant barrier to updating this analysis as well as conducting routine program monitoring. In addition, the inconsistencies between available data sources are disconcerting – especially with regard to key issues such as the determination of members included in a case and monthly enrollment.

As originally planned, this analysis will be followed by an evaluation of the case-by-case cost-effectiveness determination process (referenced in the preceding section [HIPP unit system]). Only then will we have the information required to analyze the effect of recommended policy changes on HIPP enrollment and subsequent Medicaid cost savings.

Appendix A

## *Data Sources*

1) EDS HIPP unit enrollment spreadsheet
   a) Excel format
   b) Contains four worksheets (Current HIPP Enrollees, Elig Future Enrlmnt, No Longer HIPP, Never Bought In)
   c) Contains the following data fields: Case Name, Case Number, County Code, Employer ID, Employer Name, Type of Health Plan, Ins. Co. Name, All Covered Members, Covered Members (who cost effectiveness was run on), % Employer Pays, Family of E/D Premiums, Employee's Monthly Share, Monthly Savings, Health and Supp-Dental indicators, Reimbursed entity (WW, Emp, Ins. Co.), Policy Start Date, Policy End Date, Notes/Reason for ending.
   d) Current through August 2004
   e) Provided by Bonnie Reigel (EDS)

2) BadgerCare HIPP Payouts/Manual Checks/Voids for SFY 2003 and SFY 2004
   a) Excel format
   b) One file for each SFY. Each file contains one worksheet.
   c) Contains the following data fields: CCN/MICR, Check Write date (payment/cycle date), Case # (Medicaid recipient ID of HIPP case head), Review/Check Date (refers to the time period for which the payment is being issued or in the case of a voided check then the check's original payment date), Payout Amount, Manual Check Amount, Void Amount.
   d) Provided by Pat Pulsfus (EDS)

3) MEDS Recipient ODS universe
   a) Business Objects universe containing the complete set of recipient eligibility data (Operational Data Set) from the MMIS system.
   b) Complete universe documentation available elsewhere.

4) Capitation rate tables
   a) Excel format
   b) Separate files for BadgerCare and AFDC/Healthy Start. Multiple worksheets in each file.
   c) For the 2003 BadgerCare rates, the 'All Services' rates from the sheet titled "Addendum VII – F CORRECTED for Dane County Relativities on 12/10/02 : CY 2003 BadgerCare Capitation Rates - by Age and Gender, including Hospital Outpatient Increase" was used.
   d) For the 2003 AFDC/Healthy Start rates, the 'All Services' rates from the sheet titled "Addendum VII – C: CORRECTED for Dane County Relativities : CY 2003 Final AFDC/HS Child Capitation Rates by Age/Gender & Rate Region Including HOP" was used.
   e) Provided by Dan Ryan (DHCF).

5) MEDS Claims Analysis universe

a) Business Objects universe containing the most commonly requested claim data elements in a structure that is optimized for analysis. This universe is used for creating claims summary queries. At present, the Claims Analysis universe consists of all claims and adjustments to a claim finalized since January 1, 1995.
b) Complete universe documentation available elsewhere.

Appendix B

## *Method*

1) Create calendar year (CY) 2003 enrollment database

   Create list of cases enrolled in the HIPP program at any time in CY 2003 and determine which months they were enrolled.

   The EDS HIPP unit enrollment spreadsheets were used as the basis for the development of the program enrollment roster. This data source was chosen for a number of reasons including 1) It is the source used to generate summary enrollment reports and 2) It contains information that the other sources do not such as employer contribution percent. The sheets containing current enrollees (as of August 2004, # = 189) and past enrollees (# = 122) were combined in Excel and exported to Access. All data contained on the Excel sheets were transferred to the Access database.

   After developing a list of all possible 2003 HIPP enrollees (preceding paragraph), it was necessary to determine enrollment on a monthly basis. For the purposes of this analysis, it was important to assign monthly enrollment only where there was evidence of active enrollment in the HIPP program. Because of the inconsistencies between the Policy Start and End Date fields in the EDS HIPP unit enrollment spreadsheets and the BC HIPP Payout data, it was determined that the Policy Start Date and Policy End Date fields were insufficient to determine monthly enrollment. Selected discrepancies follow.

   a) BC HIPP payouts prior to EDS HIPP unit spreadsheet enrollment date:

| Case Number | EDS Enroll Date | Payouts Begin |
|---|---|---|
| 0000000001 | 12/1/03 | 7/1/03 |

   b) BC HIPP payouts after EDS HIPP unit spreadsheet end date:

| Case Number | EDS End Date | Payouts Ended |
|---|---|---|
| 0000000002 | 5/31/03 | 7/31/2003 |

   c) EDS HIPP unit spreadsheet shows enrollment in 2003, but no payouts were made in 2003:

| Case Number | EDS Enroll Date | EDS End Date |
|---|---|---|
| 0000000003 | 6/1/02 | 6/1/03 |

   d) BC HIPP payouts in 2003, but no record of enrollment on EDS HIPP unit spreadsheet:

| Case Number | Payouts Begin | Payouts End |
|---|---|---|
| 0000000004 | 5/1/03 | 6/1/03 |

Consideration was given to using the Recipient ODS universe (specifically, the Recipient Insurance Coverage folder) to determine monthly enrollment. In some cases, the information found in the ODS universe mirrored what was found on the EDS HIPP unit enrollment spreadsheets, in some cases it mirrored the BC HIPP Payout data, and in some cases it was different from both. Examples follow.

a) Recipient ODS insurance data and BC HIPP Payout data consistent, but different from EDS HIPP unit enrollment spreadsheet:

| Case Number | EDS Enroll Date | Payouts Begin | ODS Insurance Begin Date |
|---|---|---|---|
| 0000000005 | 7/1/03 | 9/1/03 | 9/1/03 |

b) EDS HIPP unit enrollment spreadsheet and BC HIPP Payout data consistent, but different from Recipient ODS insurance data:

| Case Number | EDS Enroll Date | Payouts Begin | ODS Insurance Begin Date |
|---|---|---|---|
| 0000000006 | 8/15/03 | 8/1/03 | None |

c) EDS HIPP unit enrollment spreadsheet and Recipient ODS insurance data consistent, but different from BC HIPP Payout data:

| Case Number | EDS Enroll Date | Payouts Begin | ODS Insurance Begin Date |
|---|---|---|---|
| 0000000007 | 3/1/02 | 3/1/03 | 3/1/02 |

Ultimately, the BC HIPP Payouts were determined to be the "gold standard" for monthly enrollment. HIPP cases were identified as enrolled in the HIPP program in a given month only if there was evidence of a premium payment for that month. This determination process was completed manually.

***106 cases on the EDS HIPP unit enrollment spreadsheet were found to have a premium payment for one or more month during CY 2003; these 106 cases form the enrollment roster from which the rest of the analysis is based.***

<u>For each of the 106 cases with one or more month of enrollment in CY 2003, identify all family members that comprise the case.</u>

The EDS HIPP unit enrollment spreadsheets display the number of members that comprise each case, but do not provide the Medicaid IDs (nor any other identifying information) about the individual members. Similarly, the BC HIPP Payout data contains only case IDs (no family member IDs). Therefore, an alternate data source was necessary.

The MEDS Recipient ODS universe was used to identify family members comprising a case.

a) The following information was extracted for each case and family member: Case Number, Recipient ID, Eligibility Begin Date, Eligibility End Date, Last Name, First Name, Date of Birth, Gender, County/Agency Code, Medical Status Group, HMO Rate Region Code.

b) The following conditions were applied: [Eligibility Begin Date <=12/31/2003] and [Eligibility End Date >= 1/1/2003] and [Recipient ID in list Personal Recipient ID or Case Number in list Personal Recipient IDs].
c) The Personal Recipient IDs table was comprised of the IDs of the 106 case members who had one or more month of HIPP enrollment in CY 2003.
d) These conditions purposely do not limit the results to recipients with BadgerCare eligibility. Doing so would under-represent the case size as many family members are covered under the case's employer-sponsored policy, but are not BadgerCare-eligible (but rather are Medicaid-eligible under AFDC, Healthy Start or another Medicaid program).
e) This method does not produce case sizes exactly matching those listed on the EDS HIPP unit enrollment spreadsheet. Of the 106 total cases, 36 case sizes differ between the MEDS Recipient ODS universe query results and the EDS HIPP unit enrollment spreadsheet. Of the 36 cases with differing case sizes, the EDS HIPP unit size is larger that the query results in 14 cases and smaller in 22 cases. The data sources available do not provide the information needed to reconcile these differences. Attempts to do so using the insurance information available in the Recipient ODS universe were unsuccessful.

***468 recipients were identified as being associated with HIPP case (106 case heads and 362 family members).***

Assign each case member (case head and associated family members) to the demographic groups requisite for capitation rate calculation.

Each recipient was assigned a single rate region and eligibility category based on the eligibility data gathered in the aforementioned Recipient ODS universe query. If case members were associated with more than one rate region or medical status group during their HIPP enrollment period, they were assigned to the one accounting for the greatest percentage of their HIPP enrollment time. For example, if a person resided in rate region 6 for 9 months and in rate region 5 for the remaining 3 months, they were assigned to rate region 6. Rate region assignment was consistent among case members; all recipients associated with a given case head were assigned to the same rate region.

Eligibility category assignment varied as the medical status group dictated. Case members were assigned to either BadgerCare or AFDC/Healthy Start. It is interesting to note that 4 case heads were assigned to the AFDC/Healthy Start category, rather than BadgerCare, per the available eligibility information. Their eligibility information (per the Recipient ODS universe query) follows.

a) Assigned to AFDC/Healthy Start because member was Healthy Start-eligible 7 of 12 months in 2003. (Member was enrolled in HIPP all 12 months in 2003.)

| Case Number | Eligibility Begin Date | Eligibility End Date | Medical Status Group |
|---|---|---|---|
| 0000000008 | 9/1/02 | 1/31/03 | BadgerCare |
| | 2/1/03 | 8/31/03 | Healthy Start |
| | 9/1/03 | 8/31/05 | BadgerCare |

b) Assigned to AFDC/Healthy Start because member was Healthy Start-eligible all 6 months of 2003 HIPP enrollment period. (Member was enrolled in HIPP Jan-Jun 2003.)

| Case Number | Eligibility Begin Date | Eligibility End Date | Medical Status Group |
|---|---|---|---|
| 0000000009 | 12/1/02 | 6/30/03 | Healthy Start |

c) Assigned to AFDC/Healthy Start because member was Healthy Start-eligible all 2 months of 2003 HIPP enrollment period. (Member was enrolled in HIPP Nov-Dec 2003.)

| Case Number | Eligibility Begin Date | Eligibility End Date | Medical Status Group |
|---|---|---|---|
| 0000000010 | 11/1/03 | 2/29/04 | Healthy Start |

d) Assigned to AFDC/Healthy Start because member was AFDC-eligible all 5 months of 2003 HIPP enrollment period. (Member was enrolled in HIPP Aug-Dec 2003.)

| Case Number | Eligibility Begin Date | Eligibility End Date | Medical Status Group |
|---|---|---|---|
| 0000000011 | 7/1/03 | 1/31/04 | AFDC |

Each case member was assigned an age and age group based on their age as of 12/31/2003. Age groups differ based on eligibility category because of the structure of the capitation rate tables. BadgerCare age groups are<1, 1-14, 15-20, 21-34, 35-44 and 45+. AFDC/Healthy Start age groups are <1, 1-5, 6-14, 15-20, 21-34 and 35+.

1) Calculate capitation costs.

Build a capitation rate reference table for 2003.

An Access table was created using the information provided by Dan Ryan (in Excel format).

Calculate the total capitation costs for each case.

Each case member was assigned a monthly capitation rate based on their demographic information. The monthly rate was multiplied by the number of HIPP-enrolled months in 2003 to produce the total capitation cost for that member. The total capitation cost for all members in the case was summed to produce the total capitation cost for the case.

***In total, $438,084.30 would have been spent on capitation payments had the HIPP enrollees not been enrolled in HIPP.***

2) Calculate premium payments.

The BC HIPP Payout data was used for premium payment information. During the course of determining monthly HIPP eligibility, premium payments were attributed to CY 2003

months. All premiums attributed to 2003 months were summed for each case to produce the total premiums paid for that case.

***In CY 2003, a total of $192,869.95 in premium payments was spent on the 106 cases we analyzed.***

3) Calculate wrap-around costs.

The MEDS Claims Analysis universe was used to extract wrap-around costs for HIPP enrollees.

a) The following information was extracted for each case and family member: Recipient ID and Amount Paid.
b) The following conditions were applied: [Detail Status Code in list C, E] and [From Date of Service between 1/1/2003 and 12/31/2003] and [Recipient ID = SPGCOSTALLIDS]
c) The SPGCOSTALLIDS table was comprised of the IDs of the 468 case members who had one or more month of HIPP enrollment in CY 2003 (includes 106 case heads and 362 associated family members).

Claims data were exported to Access. Wrap-around costs for each case member were summed to the case head level.

***$115,777.08 in wrap-around costs were retrieved for 340 recipients (of 468). There were wrap-around costs for all but 9 of the 106 cases.***

4) Calculate total savings.

Total savings were calculated at the case level by subtracting the premium payments and wrap-around costs from the capitation payments. The costs of administering the program were not included in the cost savings calculation.

***According to this analysis, the HIPP program saved $129,437.27 during CY 2003.***

Appendix C

## *Comparison of Methods/Results*

Tables 1 and 2 compare the results of the current analysis (CY 2003) to those completed for similar periods by the DHCF (SFY 2003 and SFY 2004). The differences in results between the periods can be explained in large part by the differences in analysis methods.

| Table 1 | CY 2003 | SFY 2003 | SFY 2004 |
|---|---|---|---|
| # Cases | 106 | 94 | 156 |
| # Participants | 468 | 356 | 574 |
| # Participants per Case | 4.4 | 3.8 | 3.7 |
| # Enrolled Months | 842 | 714 | 1017 |
| # Months per Case | 7.9 | 7.6 | 6.5 |

The number of participants per case is higher in the current analysis (CY 2003) than in either of DHCF analyses (FY 2003 and FY 2004). This most likely due to the inclusion of non-BadgerCare family members in the CY 2003 analysis (non-BadgerCare family members are not included in the DHCF analyses).

The number of enrolled months per case is also higher in the current analysis than in either of DHCF analyses. This difference can be attributed to the data used to determine monthly enrollment. In both the current and DHCF analyses, cases were deemed to be enrolled in HIPP in months that a premium was payed. Premium payment data from outside the analysis period were available in the current analysis, but were not available to DHCF. Therefore, in the current analysis, we were able to identify premiums paid outside of CY 2003 that were attributable to CY 2003 months. For example, premium payments made in January of 2004 were attributed to December 2003 if appropriate.

| Table 2 | CY 2003 | SFY 2003 | SFY 2004 |
|---|---|---|---|
| Total Capitation | $438,084.30 | $378,500.14 | $543,638.88 |
| Capitation per Participant | $936.08 | $1,063.20 | $947.11 |
| Capitation per Month | $520.29 | $530.11 | $534.55 |
| | | | |
| Total Premiums | $192,869.95 | $143,106.15 | $245,950.23 |
| Premiums per Case | $1,819.53 | $1,522.41 | $1,576.60 |
| Premiums per Month | $229.06 | $200.43 | $241.84 |
| | | | |
| Total Wrap | $115,777.08 | $59,916.06 | $79,966.45 |
| Wrap per Participant | $247.39 | $168.30 | $139.31 |
| Wrap per Month | $137.50 | $83.92 | $78.63 |
| | | | |
| Total Savings | $129,437.27 | $175,477.93 | $217,722.20 |
| Savings per Case | $1,221.11 | $1,866.79 | $1,395.66 |
| Savings per Month | $153.73 | $245.77 | $214.08 |

The capitation costs per participant and per month are lower in the current analysis than in the DHCF analyses. This can be explained by the difference in capitation calculation methods. Age and gender-adjusted capitation rates were used in the CY 2003 analysis, while rate region-level rates were used in the DHCF FY analyses. The rate region-level rates tend to be higher than the age-/gender-adjusted rates for children, but less than the age-/gender-adjusted rates for adults. Consequently, the rate region rates over-estimate the capitation costs for children and under-estimates the capitation costs for adults.

The premium payments per case and per month are higher in CY 2003 than in the DHCF FY analyses. This finding is explained by the availability of premium payment data from outside the analysis period (as explained in the paragraph immediately preceding Table 2).

The wrap-around costs per participant and per month are significantly higher in the current analysis than in the DHCF analyses. One explanation for this may be claims lag. While the DHCF analyses were completed soon after the end of the FY (accounting for a three-month claim lag), the current analysis was completed over a year after the end of CY 2003.

Finally, the savings calculated in the current analysis (CY 2003) are lower than those calculated for FY 2003 and FY 2004. This can be explained by the methodological differences explained above. The method used for the current CY 2003 analysis resulted in lower capitation costs, higher premium payments and higher wrap-around costs than the DHCF FY analyses – which in turn resulted in lower overall program savings.

In conclusion, variations in the method employed result in significant differences in findings. To obtain the most accurate picture of program-wide cost savings, we recommend that future cost-effectiveness analyses utilize methods similar to what was used in the present analysis.

**APPENDIX VI**

# Wisconsin State Planning Grant

## HIPP Case-by-Case Cost-Effectiveness Evaluation

**July 15, 2005**

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# HIPP Case-by-Case Cost-Effectiveness Evaluation

## Project Summary

Wisconsin's Health Insurance Premium Payment (HIPP) program was implemented in 1999 to leverage employer contributions, keep family members together, limit crowd-out, ease transition from public to private coverage, strengthen the private insurance market and eliminate the stigma of public programs. To accomplish these goals, HIPP pays the enrollee's employer sponsored health insurance premium, coinsurance and deductibles in place of providing Medicaid coverage through programs like BadgerCare or the Medical Assistance Purchase Plan (MAPP). HIPP also pays for services not covered by the enrollee's health insurance through Medicaid fee-for-service. In order to remain cost-effective, the HIPP program screens each individual applicant to determine the likelihood that enrollment in HIPP will provide Wisconsin Medicaid with a cost savings. Prior to screening for cost-effectiveness, each applicant is reviewed based on the following criteria:

1. Does the applicant have access to family coverage?
2. Is the applicant's employer sponsored insurance a self-funded plan?[3]
3. Does the applicant's employer contribute less than 40% towards the applicant's health insurance premium?
4. Does the applicant have any BadgerCare eligible children?

In a previous report written by APS in December 2004[4], these four criteria were examined to determine how they affect overall enrollment in HIPP. It was hypothesized that lifting one or more of these restrictions to enrollment may allow a number of cost-effective applicants access to HIPP. Based on available data and discussions with State Planning Grant (SPG) staff, APS decided to examine a subset of applicants who had been denied enrollment either because their employer did not contribute at least 40% towards their health care premium or because they did not have any BadgerCare eligible children.

In order to test the cost-effectiveness of enrolling members of these two groups, we have constructed an analysis that compares premium payments plus wrap-around benefits to the BadgerCare capitation rate. The wrap-around payments represent fee-for-service (FFS) Medicaid payments for services not covered under the enrollee's employer-sponsored coverage. Utilizing data gathered from paper HIPP applications provided by EDS, we analyzed a sample of applicants who were denied enrollment in HIPP either because their employer contributed less than 40% towards their health care premium or because they did not have any BadgerCare eligible children. We compared their actual BadgerCare expenditures based on age, gender and rate region adjusted capitation rates for anyone in the applicant's case with the total family health care premium the applicant identified on their HIPP application plus an estimated monthly wrap-

[3] During the two year period from July 2002 through June 2004, a quarter of those individuals identified as "currently employed" in the Employer Verification of Insurance Coverage (EVIC) statistic reports compiled by the EDS HIPP unit had access to a self-funded plan. It is reported that HIPP program policy does not exclude self-funded plans; however, it appears that these applicants do not proceed through the HIPP enrollment process.
[4] *HIPP Enrollment Process Review – Final Report – 12/2/2004.*

around cost based on our previous cost-effectiveness analysis.[5] A detailed description of the analysis is located in the Method section below.

## Data Sources

Data for this analysis come from four different sources. The basis for the analysis is a sampling of HIPP applicants who did not meet either the less than 40% employer contribution or the BadgerCare eligible children enrollment requirement as identified by EDS. The paper HIPP applications obtained from EDS were used to identify the employee's family health care coverage premium liability had they been allowed to enroll in HIPP. Eligibility records for these applicants and any individuals covered in their case file were drawn from the Medicaid Evaluation and Decision Support (MEDS) Recipient ODS data universe maintained by EDS. Current age, gender and rate-region capitation rate tables were also drawn from the MEDS universes. The estimated wrap-around costs come from actual wrap-around costs compiled for the *HIPP Program-Wide Cost-Effectiveness Evaluation, January 5, 2005* analysis conducted by APS using the MEDS Claims Analysis universe.

A listing of the sources follows.

6) EDS HIPP paper applications
7) MEDS Recipient ODS universe
8) Capitation rate tables
9) *HIPP Program-Wide Cost-Effectiveness Evaluation, January 5, 2005* – Completed by APS Healthcare, Inc. (MEDS Claims Analysis universe)

## Method

Step One

The first step in the analysis process was to determine which enrollment criteria were to be tested for potential cost savings. The two criteria selected were cases where the employer pays less than 40% of the employee's family health care premium and cases where the applicant has no BadgerCare eligible children. These criteria were chosen because they are easily defined and readily identifiable among the paper applications held by EDS. Additionally, it is reasonable to assume that **non-BadgerCare** Medicaid eligible children should not be significantly more costly than BadgerCare eligible children.

Step Two

Having identified the HIPP enrollment criteria to be tested, we then selected an analysis period. We chose the nine-month period beginning January 1, 2004 through September 30, 2004 based upon the number of available HIPP applications that were denied due to each of the above criteria during that period. In addition, this nine-month period provides for the most recent application data while still allowing a minimum of six months eligibility records to be updated/reconciled.

[5] APS conducted a cost-effectiveness analysis of BadgerCare participants for calendar year 2003. Findings from that report, entitled *HIPP Program-Wide Cost-Effectiveness Evaluation, January 5, 2005* were used to inform this analysis.

Step Three

EDS provided us with two batches of paper HIPP applications for the nine-month analysis period. One batch included denials based on the 40% requirement and the other included denials based on the BadgerCare eligible children requirement. EDS estimated that there were 1,031 applications in the 40% batch and 1,356 applications in the no BadgerCare eligible children batch. To generalize our findings to populations of this size required sample sizes of 281 and 300, respectively. Based on those figures, 311 and 330 applications were randomly selected for inclusion in the analysis, oversampling each batch by 30 to account for potential missing data. During the process of entering the application data, it became clear that there were fewer applications than originally estimated by EDS. There were 999 applications in the less than 40% batch and approximately 1,283 in the no BadgerCare eligible children batch. As a result, the final samples were reduced to 292 for the 40% group and 302 for the no BadgerCare eligible children group.

Step Four

We entered and/or calculated 30 variables from the HIPP applications (see Appendix A for a complete list). The most important variables for this analysis include the employees' share of their employee plus child[6] health care coverage premium and the employees' share of their family health care coverage premium. However, this data was not complete for a number of applicants. Table 1 below shows the number of cases with valid premium data.

Table 1: Number of Applicants (Cases) with Health Care Premium Data by Type

| | **Less Than 40%** | | **No BadgerCare Children** | |
|---|---|---|---|---|
| | *Employee Plus Child Coverage* | *Family Coverage* | *Employee Plus Child Coverage* | *Family Coverage* |
| **Final Sample** | 292 | 292 | 302 | 302 |
| **Valid Cases** | 251 | 262 | 251 | 269 |
| **Percent Valid Cases** | 86% | 90% | 83% | 89% |

In addition, the eligibility and effective dates for the employer sponsored insurance were very incomplete on the applications. Table 2 on the following page shows the number of cases with valid eligibility and effective dates.

[6] The HIPP application forms do not collect individual or employee-only premium amounts, but rather request premium amounts for "Employee and Child" coverage. It is possible that employers who do not offer this option may be entering their employee-only premium on the applications. In addition, employees with BadgerCare (or Medicaid) eligible children who are only eligible for individual coverage through their employer may also prove to be cost-effective if allowed to enroll in HIPP; however, this data is not collected on the HIPP applications. Even if the individual's child/children have coverage through the other parent's insurance, the individual would be eligible for BadgerCare, which would pay for any services required by the children that are not covered by the other parent's insurance. For a detailed discussion of this issue, see the report *HIPP Enrollment Process Review – Final Report – December 2,2004*.

| Table 2: Number of Applicants (Cases) with Employer Sponsored Health Insurance Eligibility and Effective Dates | | | | |
|---|---|---|---|---|
| | **Less Than 40%** | | **No BadgerCare Children** | |
| | *With Eligibility Dates* | *With Effective Dates* | *With Eligibility Dates* | *With Effective Dates* |
| **Final Sample** | 292 | 292 | 302 | 302 |
| **Valid Cases** | 250 | 182 | 264 | 207 |
| **Percent Valid Cases** | 86% | 62% | 87% | 69% |

Based on the available data necessary to conduct the case-by-case cost-effectiveness analysis we chose to use the family coverage premium amount and by-pass the eligibility and effective dates altogether. The family coverage premium was selected for the analysis for three reasons:

1. It provides the largest number of valid cases for the analysis.
2. It provides the most conservative estimate of cost-effectiveness because it is more costly than employee plus child coverage.
3. It was not possible from the available application data to determine with any accuracy which applicant would be enrolling in family coverage and which would be enrolling in employee plus child coverage.

In the absence of valid eligibility or effective dates, we have made the assumption that each applicant in our analysis would have been HIPP eligible for each month that they were BadgerCare eligible during the nine-month analysis period. These eligible dates are also applied to the applicant's (case head's) dependents for inclusion in the analysis.

Several of the remaining data elements pulled from the HIPP applications also contained large amounts of missing data. It is possible that this information is completed through a follow-up process if the individual meets all of the preliminary requirements (listed previously) for enrollment in HIPP.

Step Five

Based on the available data described in Step Four, our final working sample contained 262 applicants among the 40% group and 269 applicants among the no BadgerCare eligible children group. Using the case numbers for these applicants, we retrieved all Medicaid eligibility records for the nine-month analysis period for the case head and all associated dependents. The eligibility data provides the BadgerCare eligible months for each case head, and therefore for each dependent as well. The eligibility file also provides accurate gender, age and rate region data for determining the appropriate capitation payments for each individual in the analysis.

Step Six

Using the eligibility data obtained from the MEDS data warehouse, we were able to match the appropriate capitation rate with each recipient in each case. For all dependents, we used the first eligibility segment in our nine-month analysis period to establish their Medicaid eligibility category (i.e., BadgerCare, AFDC, Healthy Start, etc.). The first eligibility segment was chosen because we are "forcing" the case head's BadgerCare eligible months onto each dependent in the

case. Each dependent may have multiple eligibility segments during the case head's BadgerCare eligible months; therefore, we had to select a uniform eligibility segment for each dependent This method is necessary because we are making the assumption that each dependent in a case would be covered by the employer policy during the case head's BadgerCare eligible months if the case head were allowed to enroll in HIPP. All case heads are assigned a BadgerCare capitation rate.

Matching the appropriate capitation rates to each individual in the case, multiplying the appropriate rate by the months eligible and summing across each case provided us with an estimate of actual costs to Medicaid during the case head's BadgerCare eligible months. It should be noted that most case heads in our analysis did not have a full nine months of BadgerCare eligibility. The analysis was conducted using only the BadgerCare eligible segments.

Step Seven

Once we generated an estimate of actual costs to Medicaid for each case, it was necessary to estimate the costs to Medicaid had each case been allowed to enroll in HIPP. This cost includes the case head's family coverage premium liability from their employer sponsored health care insurance and an estimate of Medicaid wrap-around costs, as discussed earlier. In the case-by-case cost-effectiveness test conducted by EDS during the HIPP application process, estimated wrap-around costs are assigned to each member of the case based on age and type of employer sponsored health care coverage. However, these estimates have not been updated since the inception of HIPP. In addition, the denied applications that we have access to do not contain 100% of the necessary health care plan information to accurately assign these estimated wrap-around costs to each case. As an alternative, we chose to use an estimate of wrap-around costs based on the earlier program-wide cost-effectiveness analysis complete by APS in late 2004. During that analysis it was determined that 468 HIPP participants (106 case heads and 362 associated family members) accounted for 3,792 eligible months in calendar year 2003. Total wrap-around costs for this group was $115,777.08, or an average of $30.35 per eligible month. For our current analysis we are using this figure of $30.35 per eligible month to estimate the wrap-around costs for our sample population.

Step Eight

At this point, the age, gender and rate region adjusted capitation rates were assigned to each individual in the case and were summed across the eligible months for each individual. Each individual total was then summed to create a total BadgerCare cost within each case. This total was compared to the sum of the family coverage premium across each case head's eligible months, plus the estimated capitation rate multiplied by the number of eligible months within the case to determine the estimated cost-effectiveness of enrolling each of the cases in HIPP. The results are discussed in the Findings section on the following page. Results by case are located in *Appendix B.*

Methodological Considerations

- Using the BadgerCare eligibility segments for the case head doesn't take into account if/when the children in the case would not be eligible for services, but rather, assumes they are always eligible under the case head's coverage. Depending on the capitation rates and

wrap-around costs for these children, the case's cost-effectiveness status may change. However, this method eliminates the need to reconcile the ineligible months during the case head's BadgerCare eligibility.

- Using an average wrap-around cost for each eligible month, as opposed to estimated wrap-around costs broken out by age and type of health insurance plan may affect the results of the analysis. A review of the estimated wrap-around costs suggests that using an average wrap-around cost for each eligible month may underestimate the total wrap-around costs for the case, which would provide a more conservative estimate of cost-effectiveness. However, this is directly dependent upon the mix of ages within a case in concert with the case's type of health plan.
- Adding wrap-around costs not covered in the BadgerCare capitation rate may allow a small number of cases in the analysis to become cost-effective if enrolled in HIPP. However, many of the costs not covered by the capitation rate are family planning related and would most likely have a negligible effect on the analysis results. Also, these estimated wrap-around costs have not been updated since the inception of HIPP.

## Findings

Based on the analysis described above, only 51 (22%) of the 235[7] cases in the final less than 40% group were found to be cost effective. Based on our analysis, the less than 40% group would have cost Medicaid approximately $1,046,809 during our nine-month analysis period had they been enrolled in HIPP, as opposed to $611,762 had they just been receiving their assigned capitation rates during that same period. This difference accounts for an increase of over $435,000 in expenditures utilizing HIPP. Given that the employers in this group provide less than 40% of the employee's health insurance premium, and the average monthly employee share for family coverage among the 235 cases is $577.24[8], it is not surprising that the majority of these cases would not be cost-effective utilizing HIPP.

However, there are still 51 cases among the 235 who would be cost-effective on HIPP. These 51 cases would have saved an estimated $55,000 during our nine-month analysis period or just over $6,000 per month if allowed to enroll in HIPP. In addition, our analysis includes just under one quarter of the rejected less than 40% applications. If the same percentage of the remaining 764 applications who were not included in the analysis were to be found cost-effective as were found cost-effective in our analysis (22%), that would add an additional 168 cost-effective cases. These cost-effective cases would save Wisconsin Medicaid approximately $20,000 per month above the $6,000 from the original 51 cases in our sample. This would equate to an approximate

[7] Although there were 262 less than 40% cases and 269 no BadgerCare children cases with valid family coverage premiums listed on their HIPP applications, several of these cases fell out of the analysis for other reasons, including lack of Medicaid eligibility segments or lack of BadgerCare eligibility segments in our analysis period. For example, some HIPP applicants were not identified in the MEDS eligibility records as the case head. In some of these cases, the actual case head did not have BadgerCare eligibility during our analysis period and therefore their case was not included in the analysis. All final estimates of cost savings are based on 235 less than 40% case heads and 230 case heads with no BadgerCare eligible children, representing 803 and 821 individuals, respectively.

[8] For comparison, the no BadgerCare children group averaged $342.11 in employee share for family coverage premiums.

annual savings of $312,000 among just those applicants who were rejected because their employer does not pay at least 40% of their health insurance premium.

The findings among the no BadgerCare eligible children group are even more promising. Although, only 42% (96 of 230) of the cases were found to be cost-effective, those 96 cases would have saved Medicaid approximately $95,500 over our nine-month analysis period or just over $10,550 per month. Among this group we were only able to utilize 18% of the available applications, leaving 1,053 applications untested for cost-effectiveness. If 42% of these applications were found to be cost-effective as well, that would add an additional 442 cost-effective cases. If each case saved Wisconsin Medicaid the monthly average amount found among the 96 cost-effective cases ($110), it would generate $48,574 per month in additional savings. When combined with the 96 cases from the analysis, the total estimated annual savings among the cost-effective cases not enrolled in HIPP because they had no BadgerCare eligible children when they applied for the program would be $709,487.

Combining the savings from the less than 40% group with the savings from the no BadgerCare eligible children group provides **an estimated total annual savings of $1,021,487** for Wisconsin Medicaid. This analysis does not look at any cases whose HIPP eligibility was denied because they did not have access to family coverage or because their employer sponsored insurance was a self-funded plan. There may be additional savings to be found among these groups, as well.

## Conclusion and Recommendations

This analysis confirms the validity of the two case-by-case cost-effectiveness criteria we tested, particularly the less than 40% employer contribution restriction. Cases where the employer pays less than 40% of their employees' health insurance premium and cases where there are no BadgerCare eligible children would generally not be cost-effective if allowed to enroll in HIPP.

However, the analysis also shows that several cases among these two groups **would be cost-effective** if allowed to enroll in HIPP and that these cases could potentially save Wisconsin Medicaid over $1 million annually. This finding suggests that each HIPP applicant **should receive a full cost-effectiveness test when applying for the program,** as opposed to eliminating cases if they fail to meet one of the above criteria. The cost of administering the EDS cost-effectiveness test should only slightly diminish the cost savings that would be realized from enrolling the new cost-effective applicants. Additional recommendations include:

1. All estimated wrap-around costs used in the current cost-effectiveness test should be updated to reflect more recent data. These wrap-around costs should be estimated using actual HIPP participant wrap-around expenses, if at all possible.
2. All capitation rates used in the cost-effectiveness test should be updated to reflect the most current age, gender and rate region adjusted rates.
3. Each HIPP participant should be assessed annually to determine their cost-effectiveness status. In cases where the participant is no longer cost-effective, it may be possible to move them off of HIPP and re-test them again the following year if they remain enrolled in BadgerCare.

Lastly, this analysis does not take into consideration the costs previously spent on developing the current enrollment process and cost-effectiveness algorithms. Nor does it consider the development costs of modifying the current application and enrollment process to test all applicants for cost-effectiveness. However, given that the program is already established, the cost of adding cases should not significantly impact the cost savings noted above. These costs should be discussed with EDS and State staff before moving forward with any recommended changes to the current HIPP enrollment process.

## Appendix A – HIPP Application Variables

1. Case Number
2. Social Security Number
3. Last Name
4. First Name
5. Middle Initial
6. Eligible Date
7. Will the Applicant be Eligible For the Employer Insurance (Yes/No)
8. Effective Date
9. Is the Employer Plan Managed Care or Major Medical (Yes/No)
10. Is the Plan Self-Funded (Yes/No)
11. In Previous 18 Months has the Applicant Been Eligible for Family Coverage Paid 80% or More by the Employer (Yes/No)
12. Hours Worked
13. Insurer
14. Gross Premium for Employee Plus Child Coverage
15. Employer Share of the Employee Plus Child Premium
16. Percentage Employer Share of Employee Plus Child Premium
17. Employee Share of the Employee Plus Child Premium
18. Gross Premium for Family Coverage
19. Employer Share of the Family Coverage Premium
20. Percentage Employer Share of the Family Premium
21. Employee Share of the Family Premium
22. Insurance Type (Major Medical with routine or preventive care, Major Medical without routine or preventive care, Managed Care, Other)
23. Insurance Type Other (Description of Other Insurance Type)
24. Drug (Drug coverage, Yes/No)
25. Dental (Yes/No)
26. Vision (Yes/No)
27. Open Enrollment Start Date
28. Open Enrollment End Date
29. Comments
30. Wal-Mart (Yes/No)

# Appendix B – Complete Analysis Results

## Cost-Effectiveness Results Among the Less Than 40% Premium Group

| *A* | *B* | *C* | *D* | *E* | *F* | *G* |
|---|---|---|---|---|---|---|
| CASE | CAP PAYMENTS | HIPP COSTS *(E+F)* | SAVINGS *(B-C)* | WRAP COSTS | PREMIUMS | COST EFFECTIVE |
| 1 | 4539.78 | 6692.85 | -2153.07 | 1373.85 | 5319 | NO |
| 2 | 1872.15 | 2239.92 | -367.77 | 366.36 | 1873.56 | NO |
| 3 | 281.1 | 547.5 | -266.4 | 122.12 | 425.38 | NO |
| 4 | 3935.61 | 5070.42 | -1134.81 | 1099.08 | 3971.34 | NO |
| 5 | 4762.26 | 5816.7 | -1054.44 | 824.31 | 4992.39 | NO |
| 6 | 1335.9 | 1696.86 | -360.96 | 366.36 | 1330.5 | NO |
| 7 | 2148.21 | 1301.58 | 846.63 | 549.54 | 752.04 | YES |
| 8 | 2321.58 | 7349.94 | -5028.36 | 549.54 | 6800.4 | NO |
| 9 | 917.64 | 3060.24 | -2142.6 | 244.24 | 2816 | NO |
| 10 | 1460.52 | 1059.3 | 401.22 | 305.3 | 754 | YES |
| 11 | 565.18 | 1221.18 | -656 | 183.18 | 1038 | NO |
| 12 | 601.97 | 278.71 | 323.26 | 213.71 | 65 | YES |
| 13 | 2232.88 | 5429.84 | -3196.96 | 732.72 | 4697.12 | NO |
| 14 | 1508.4 | 2606.4 | -1098 | 274.77 | 2331.63 | NO |
| 15 | 3416.49 | 5108.31 | -1691.82 | 1373.85 | 3734.46 | NO |
| 16 | 3501.75 | 5899.11 | -2397.36 | 1068.55 | 4830.56 | NO |
| 17 | 482.46 | 1995.18 | -1512.72 | 183.18 | 1812 | NO |
| 18 | 3806.6 | 9468.55 | -5661.95 | 1068.55 | 8400 | NO |
| 19 | 2555.44 | 6122.88 | -3567.44 | 732.72 | 5390.16 | NO |
| 20 | 2691.92 | 1791.44 | 900.48 | 854.84 | 936.6 | YES |
| 21 | 291.06 | 1069.41 | -778.35 | 91.59 | 977.82 | NO |
| 22 | 809.25 | 1509.18 | -699.93 | 183.18 | 1326 | NO |
| 23 | 1818.68 | 2588.48 | -769.8 | 488.48 | 2100 | NO |
| 24 | 1156.15 | 1405.3 | -249.15 | 305.3 | 1100 | NO |
| 25 | 1517.4 | 3265.92 | -1748.52 | 549.54 | 2716.38 | NO |
| 26 | 5126.13 | 12825.45 | -7699.32 | 824.31 | 12001.14 | NO |
| 27 | 206.33 | 830.75 | -624.42 | 61.06 | 769.69 | NO |
| 28 | 1944.9 | 3385.45 | -1440.55 | 457.95 | 2927.5 | NO |
| 29 | 3049.11 | 3312.72 | -263.61 | 1099.08 | 2213.64 | NO |
| 30 | 2614.59 | 4219.11 | -1604.52 | 1099.08 | 3120.03 | NO |
| 31 | 683.25 | 1960.77 | -1277.52 | 274.77 | 1686 | NO |
| 32 | 515.84 | 2055.52 | -1539.68 | 488.48 | 1567.04 | NO |
| 33 | 4895.92 | 1826.64 | 3069.28 | 1221.2 | 605.44 | YES |
| 34 | 2258.69 | 7261.38 | -5002.69 | 641.13 | 6620.25 | NO |
| 35 | 1776.4 | 2049.68 | -273.28 | 244.24 | 1805.44 | NO |
| 36 | 1887.76 | 4984.48 | -3096.72 | 488.48 | 4496 | NO |
| 37 | 683.25 | 2631.93 | -1948.68 | 183.18 | 2448.75 | NO |
| 38 | 7649.46 | 6514.02 | 1135.44 | 1923.39 | 4590.63 | YES |
| 39 | 3385.44 | 7330.59 | -3945.15 | 1373.85 | 5956.74 | NO |
| 40 | 1982.16 | 1558.88 | 423.28 | 488.48 | 1070.4 | YES |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 41 | 2635.83 | 6898.5 | -4262.67 | 824.31 | 6074.19 | NO |
| 42 | 2951.82 | 3462.03 | -510.21 | 824.31 | 2637.72 | NO |
| 43 | 4393.41 | 4440.17 | -46.76 | 1068.55 | 3371.62 | NO |
| 44 | 1603.68 | 3606.84 | -2003.16 | 366.36 | 3240.48 | NO |
| 45 | 1295.52 | 286.98 | 1008.54 | 183.18 | 103.8 | YES |
| 46 | 4110.96 | 7324.24 | -3213.28 | 854.84 | 6469.4 | NO |
| 47 | 2464.56 | 6602.48 | -4137.92 | 732.72 | 5869.76 | NO |
| 48 | 143.32 | 1956.8 | -1813.48 | 122.12 | 1834.68 | NO |
| 49 | 3173.31 | 6647.76 | -3474.45 | 549.54 | 6098.22 | NO |
| 50 | 6082.02 | 11740.86 | -5658.84 | 1099.08 | 10641.78 | NO |
| 51 | 3833.9 | 610.6 | 3223.3 | 610.6 | 0 | YES |
| 52 | 1970.22 | 1091.04 | 879.18 | 274.77 | 816.27 | YES |
| 53 | 4973.85 | 2858.31 | 2115.54 | 824.31 | 2034 | YES |
| 54 | 652.16 | 1824.32 | -1172.16 | 488.48 | 1335.84 | NO |
| 55 | 2661.03 | 3016.35 | -355.32 | 549.54 | 2466.81 | NO |
| 56 | 1095.03 | 1854.18 | -759.15 | 183.18 | 1671 | NO |
| 57 | 2492.82 | 6214.59 | -3721.77 | 824.31 | 5390.28 | NO |
| 58 | 3456 | 7742.4 | -4286.4 | 1221.2 | 6521.2 | NO |
| 59 | 5809.86 | 6645.87 | -836.10 | 1373.85 | 5272.02 | NO |
| 60 | 3435.21 | 3695.85 | -260.64 | 1373.85 | 2322 | NO |
| 61 | 1456.38 | 2467.98 | -1011.6 | 183.18 | 2284.8 | NO |
| 62 | 2123.73 | 5245.74 | -3122.01 | 549.54 | 4696.2 | NO |
| 63 | 130.46 | 725.84 | -595.38 | 122.12 | 603.72 | NO |
| 64 | 2661.03 | 7731.54 | -5070.51 | 549.54 | 7182 | NO |
| 65 | 1222 | 1572.34 | -350.34 | 183.18 | 1389.16 | NO |
| 66 | 1351.26 | 5671.71 | -4320.45 | 824.31 | 4847.4 | NO |
| 67 | 2357.46 | 21797.73 | -19440.27 | 274.77 | 21522.96 | NO |
| 68 | 5703.2 | 6813.04 | -1109.84 | 976.96 | 5836.08 | NO |
| 69 | 5976.99 | 8146.17 | -2169.18 | 1099.08 | 7047.09 | NO |
| 70 | 4490.85 | 5526.99 | -1036.14 | 854.84 | 4672.15 | NO |
| 71 | 6650.64 | 3810.08 | 2840.56 | 1465.44 | 2344.64 | YES |
| 72 | 5476.23 | 5033.97 | 442.26 | 549.54 | 4484.43 | YES |
| 73 | 2012.65 | 2133.7 | -121.05 | 763.25 | 1370.45 | NO |
| 74 | 6185.52 | 8739.72 | -2554.2 | 1099.08 | 7640.64 | NO |
| 75 | 567.43 | 601.14 | -33.71 | 61.06 | 540.08 | NO |
| 76 | 2546.1 | 6674.31 | -4128.21 | 824.31 | 5850 | NO |
| 77 | 2402.6 | 1982.6 | 420 | 763.25 | 1219.35 | YES |
| 78 | 4032.24 | 5115.12 | -1082.88 | 732.72 | 4382.4 | NO |
| 79 | 4132.26 | 4483.98 | -351.72 | 1099.08 | 3384.9 | NO |
| 80 | 2034.27 | 970.02 | 1064.25 | 549.54 | 420.48 | YES |
| 81 | 4470.21 | 4429.08 | 41.13 | 1099.08 | 3330 | YES |
| 82 | 4187.79 | 10695.24 | -6507.45 | 1373.85 | 9321.39 | NO |
| 83 | 2788.74 | 1899.54 | 889.2 | 549.54 | 1350 | YES |
| 84 | 146.38 | 335.15 | -188.77 | 61.06 | 274.09 | NO |
| 85 | 1180.2 | 4308.71 | -3128.51 | 213.71 | 4095 | NO |
| 86 | 3133.08 | 9275.85 | -6142.77 | 1099.08 | 8176.77 | NO |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 87 | 652.63 | 450.55 | 202.08 | 122.12 | 328.43 | YES |
| 88 | 2125.98 | 8083.17 | -5957.19 | 549.54 | 7533.63 | NO |
| 89 | 2148.66 | 1204.02 | 944.64 | 549.54 | 654.48 | YES |
| 90 | 2784.48 | 7058.56 | -4274.08 | 976.96 | 6081.6 | NO |
| 91 | 552.45 | 738.78 | -186.33 | 91.59 | 647.19 | NO |
| 92 | 3517.14 | 4314.54 | -797.4 | 549.54 | 3765 | NO |
| 93 | 2628.32 | 7194.72 | -4566.4 | 976.96 | 6217.76 | NO |
| 94 | 2549.43 | 7124.31 | -4574.88 | 824.31 | 6300 | NO |
| 95 | 5376.7 | 10377.08 | -5000.38 | 854.84 | 9522.24 | NO |
| 96 | 2088.27 | 5127.48 | -3039.21 | 549.54 | 4577.94 | NO |
| 97 | 4817.7 | 4734.99 | 82.71 | 1373.85 | 3361.14 | YES |
| 98 | 1124.52 | 3145.2 | -2020.68 | 366.36 | 2778.84 | NO |
| 99 | 2875.59 | 1978.47 | 897.12 | 824.31 | 1154.16 | YES |
| 100 | 2704.95 | 5599.71 | -2894.76 | 824.31 | 4775.4 | NO |
| 101 | 3250.17 | 7983.27 | -4733.1 | 1099.08 | 6884.19 | NO |
| 102 | 716.22 | 1059.96 | -343.74 | 274.77 | 785.19 | NO |
| 103 | 1787.76 | 7170.08 | -5382.32 | 488.48 | 6681.6 | NO |
| 104 | 462.14 | 2842.76 | -2380.62 | 122.12 | 2720.64 | NO |
| 105 | 1762.44 | 3418.6 | -1656.16 | 610.6 | 2808 | NO |
| 106 | 3946.05 | 9502.02 | -5555.97 | 824.31 | 8677.71 | NO |
| 107 | 1787.76 | 2040.48 | -252.72 | 488.48 | 1552 | NO |
| 108 | 586.08 | 3359.52 | -2773.44 | 1099.08 | 2260.44 | NO |
| 109 | 2807.46 | 3409.32 | -601.86 | 732.72 | 2676.6 | NO |
| 110 | 3136.5 | 2192.31 | 944.19 | 824.31 | 1368 | YES |
| 111 | 2709.81 | 5432.94 | -2723.13 | 824.31 | 4608.63 | NO |
| 112 | 1859.55 | 2632.95 | -773.4 | 457.95 | 2175 | NO |
| 113 | 2767.04 | 6006.8 | -3239.76 | 976.96 | 5029.84 | NO |
| 114 | 1505.28 | 2797.97 | -1292.69 | 427.42 | 2370.55 | NO |
| 115 | 1536.66 | 2117.22 | -580.56 | 366.36 | 1750.86 | NO |
| 116 | 1211.1 | 3886.2 | -2675.1 | 305.3 | 3580.9 | NO |
| 117 | 876.9 | 1241.5 | -364.6 | 183.18 | 1058.32 | NO |
| 118 | 2530.17 | 5615.28 | -3085.11 | 824.31 | 4790.97 | NO |
| 119 | 502.76 | 3333.68 | -2830.92 | 244.24 | 3089.44 | NO |
| 120 | 1068.96 | 3447.96 | -2379 | 122.12 | 3325.84 | NO |
| 121 | 2480.66 | 4618.6 | -2137.94 | 427.42 | 4191.18 | NO |
| 122 | 2190.7 | 4365.9 | -2175.2 | 457.95 | 3907.95 | NO |
| 123 | 6934.77 | 8513.1 | -1578.33 | 1373.85 | 7139.25 | NO |
| 124 | 2563.83 | 4824.54 | -2260.71 | 549.54 | 4275 | NO |
| 125 | 2950.65 | 1702.08 | 1248.57 | 549.54 | 1152.54 | YES |
| 126 | 2414.02 | 4831.19 | -2417.17 | 641.13 | 4190.06 | NO |
| 127 | 4426.38 | 7245.72 | -2819.34 | 1648.62 | 5597.1 | NO |
| 128 | 4117.86 | 7173.72 | -3055.86 | 1373.85 | 5799.87 | NO |
| 129 | 1601.88 | 5364.66 | -3762.78 | 427.42 | 4937.24 | NO |
| 130 | 4076.73 | 8978.4 | -4901.67 | 1373.85 | 7604.55 | NO |
| 131 | 1197.56 | 7356.93 | -6159.37 | 427.42 | 6929.51 | NO |
| 132 | 238.74 | 209.56 | 29.18 | 61.06 | 148.5 | YES |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 133 | 3244.25 | 2552.3 | 691.95 | 610.6 | 1941.7 | YES |
| 134 | 1303.83 | 8891.55 | -7587.72 | 274.77 | 8616.78 | NO |
| 135 | 2985.39 | 2576.37 | 409.02 | 366.36 | 2210.01 | YES |
| 136 | 3997.56 | 7196.91 | -3199.35 | 1282.26 | 5914.65 | NO |
| 137 | 1954.62 | 4648.86 | -2694.24 | 549.54 | 4099.32 | NO |
| 138 | 597.52 | 1290.76 | -693.24 | 183.18 | 1107.58 | NO |
| 139 | 4062.69 | 4011.57 | 51.12 | 1373.85 | 2637.72 | YES |
| 140 | 1459.83 | 651.51 | 808.32 | 366.36 | 285.15 | YES |
| 141 | 7335.81 | 6967.62 | 368.19 | 1648.62 | 5319 | YES |
| 142 | 2623.84 | 9022.72 | -6398.88 | 732.72 | 8290 | NO |
| 143 | 8070.84 | 6042.51 | 2028.33 | 2198.16 | 3844.35 | YES |
| 144 | 3383.28 | 5741.28 | -2358 | 549.54 | 5191.74 | NO |
| 145 | 2736.2 | 2708.48 | 27.72 | 488.48 | 2220 | YES |
| 146 | 2563.83 | 8517.51 | -5953.68 | 824.31 | 7693.2 | NO |
| 147 | 730.2 | 498.69 | 231.51 | 122.12 | 376.57 | YES |
| 148 | 2541.2 | 3499.9 | -958.7 | 763.25 | 2736.65 | NO |
| 149 | 6564.78 | 8532.45 | -1967.67 | 1373.85 | 7158.6 | NO |
| 150 | 338.04 | 2598.12 | -2260.08 | 122.12 | 2476 | NO |
| 151 | 2840.49 | 5365.8 | -2525.31 | 1099.08 | 4266.72 | NO |
| 152 | 714.03 | 638.76 | 75.27 | 274.77 | 363.99 | YES |
| 153 | 975 | 3577.76 | -2602.76 | 244.24 | 3333.52 | NO |
| 154 | 1948.23 | 6685.38 | -4737.15 | 1099.08 | 5586.3 | NO |
| 155 | 2442.2 | 1217.25 | 1224.95 | 610.6 | 606.65 | YES |
| 156 | 1568.52 | 2517.27 | -948.75 | 549.54 | 1967.73 | NO |
| 157 | 588.94 | 1395.58 | -806.64 | 183.18 | 1212.4 | NO |
| 158 | 757.35 | 1463.43 | -706.08 | 183.18 | 1280.25 | NO |
| 159 | 586.08 | 8910 | -8323.92 | 549.54 | 8360.46 | NO |
| 160 | 5621.44 | 3413.92 | 2207.52 | 1221.2 | 2192.72 | YES |
| 161 | 4302.18 | 11669.22 | -7367.04 | 1099.08 | 10570.14 | NO |
| 162 | 4081.14 | 7523.82 | -3442.68 | 1099.08 | 6424.74 | NO |
| 163 | 853.2 | 2281.47 | -1428.27 | 274.77 | 2006.7 | NO |
| 164 | 5715.54 | 2837.16 | 2878.38 | 824.31 | 2012.85 | YES |
| 165 | 1809.15 | 4063.15 | -2254 | 457.95 | 3605.2 | NO |
| 166 | 2558.61 | 7176.78 | -4618.17 | 1099.08 | 6077.7 | NO |
| 167 | 1565.1 | 790.02 | 775.08 | 305.3 | 484.72 | YES |
| 168 | 1670.83 | 2478.98 | -808.15 | 427.42 | 2051.56 | NO |
| 169 | 6371.44 | 8819.76 | -2448.32 | 1465.44 | 7354.32 | NO |
| 170 | 1416.42 | 8729.73 | -7313.31 | 549.54 | 8180.19 | NO |
| 171 | 328.54 | 1151.09 | -822.55 | 91.59 | 1059.5 | NO |
| 172 | 1541.96 | 3288.12 | -1746.16 | 366.36 | 2921.76 | NO |
| 173 | 2526.72 | 6177.52 | -3650.8 | 732.72 | 5444.8 | NO |
| 174 | 2668.88 | 9182.96 | -6514.08 | 732.72 | 8450.24 | NO |
| 175 | 259.48 | 1083.58 | -824.1 | 183.18 | 900.4 | NO |
| 176 | 716.07 | 2718.03 | -2001.96 | 183.18 | 2534.85 | NO |
| 177 | 4965.66 | 6372.18 | -1406.52 | 824.31 | 5547.87 | NO |
| 178 | 3965.49 | 6944.85 | -2979.36 | 1373.85 | 5571 | NO |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 179 | 3595.14 | 5142.51 | -1547.37 | 1099.08 | 4043.43 | NO |
| 180 | 941.28 | 4306.8 | -3365.52 | 549.54 | 3757.26 | NO |
| 181 | 5668.02 | 6316.83 | -648.81 | 1099.08 | 5217.75 | NO |
| 182 | 2049.88 | 2120.48 | -70.60 | 488.48 | 1632 | NO |
| 183 | 683.86 | 991.02 | -307.16 | 244.24 | 746.78 | NO |
| 184 | 748.59 | 1097.7 | -349.11 | 152.65 | 945.05 | NO |
| 185 | 2842.28 | 845.72 | 1996.56 | 488.48 | 357.24 | YES |
| 186 | 2333.07 | 7264.62 | -4931.55 | 549.54 | 6715.08 | NO |
| 187 | 2011.23 | 6174.54 | -4163.31 | 549.54 | 5625 | NO |
| 188 | 586.44 | 6453.18 | -5866.74 | 549.54 | 5903.64 | NO |
| 189 | 4025.52 | 6037.2 | -2011.68 | 1221.2 | 4816 | NO |
| 190 | 2142.09 | 6736.14 | -4594.05 | 549.54 | 6186.6 | NO |
| 191 | 1138.75 | 3876 | -2737.25 | 457.95 | 3418.05 | NO |
| 192 | 2570 | 2919.76 | -349.76 | 366.36 | 2553.4 | NO |
| 193 | 2913.84 | 11801.52 | -8887.68 | 549.54 | 11251.98 | NO |
| 194 | 5111.91 | 4558.77 | 553.14 | 824.31 | 3734.46 | YES |
| 195 | 3174.39 | 8292.24 | -5117.85 | 1099.08 | 7193.16 | NO |
| 196 | 3250.17 | 6625.08 | -3374.91 | 1099.08 | 5526 | NO |
| 197 | 2766.42 | 2039.31 | 727.11 | 824.31 | 1215 | YES |
| 198 | 942.24 | 910.16 | 32.08 | 244.24 | 665.92 | YES |
| 199 | 3250.32 | 2686.64 | 563.68 | 732.72 | 1953.92 | YES |
| 200 | 3551.4 | 18105.84 | -14554.44 | 1099.08 | 17006.76 | NO |
| 201 | 1976.4 | 2828.35 | -851.95 | 457.95 | 2370.4 | NO |
| 202 | 1497 | 3558.45 | -2061.45 | 305.3 | 3253.15 | NO |
| 203 | 4329.68 | 5242.72 | -913.04 | 732.72 | 4510 | NO |
| 204 | 2638.51 | 4523.82 | -1885.31 | 641.13 | 3882.69 | NO |
| 205 | 4836.33 | 5078.25 | -241.92 | 1099.08 | 3979.17 | NO |
| 206 | 3722.85 | 8937.27 | -5214.42 | 1099.08 | 7838.19 | NO |
| 207 | 1737.36 | 5851.6 | -4114.24 | 976.96 | 4874.64 | NO |
| 208 | 1998.4 | 3712.65 | -1714.25 | 610.6 | 3102.05 | NO |
| 209 | 944.38 | 2223.26 | -1278.88 | 244.24 | 1979.02 | NO |
| 210 | 1940.4 | 2869.68 | -929.28 | 610.6 | 2259.08 | NO |
| 211 | 3075.4 | 3689.2 | -613.8 | 457.95 | 3231.25 | NO |
| 212 | 600.6 | 731.36 | -130.76 | 183.18 | 548.18 | NO |
| 213 | 284.4 | 331.86 | -47.46 | 61.06 | 270.8 | NO |
| 214 | 2956.86 | 1808.64 | 1148.22 | 824.31 | 984.33 | YES |
| 215 | 3844.16 | 7195.28 | -3351.12 | 1221.2 | 5974.08 | NO |
| 216 | 1638.88 | 3975.64 | -2336.76 | 488.48 | 3487.16 | NO |
| 217 | 2393.3 | 3478.2 | -1084.9 | 305.3 | 3172.9 | NO |
| 218 | 104.7 | 136.33 | -31.63 | 30.53 | 105.8 | NO |
| 219 | 2682.78 | 1397.04 | 1285.74 | 274.77 | 1122.27 | YES |
| 220 | 9386.91 | 8058.87 | 1328.04 | 2472.93 | 5585.94 | YES |
| 221 | 3002.49 | 6417.54 | -3415.05 | 1099.08 | 5318.46 | NO |
| 222 | 1101.6 | 5820.3 | -4718.7 | 305.3 | 5515 | NO |
| 223 | 1441.3 | 636.3 | 805 | 305.3 | 331 | YES |
| 224 | 2335.27 | 4252.15 | -1916.88 | 641.13 | 3611.02 | NO |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 225 | 483.75 | 691.74 | -207.99 | 152.65 | 539.09 | NO |
| 226 | 9323.19 | 5006.16 | 4317.03 | 2198.16 | 2808 | YES |
| 227 | 5860.8 | 4724.15 | 1136.65 | 1679.15 | 3045 | YES |
| 228 | 2239.79 | 5605.67 | -3365.88 | 641.13 | 4964.54 | NO |
| 229 | 4830.96 | 5506.08 | -675.12 | 976.96 | 4529.12 | NO |
| 230 | 3498.48 | 7789.2 | -4290.72 | 732.72 | 7056.48 | NO |
| 231 | 6645.42 | 2367.27 | 4278.15 | 1099.08 | 1268.19 | YES |
| 232 | 928.74 | 633.6 | 295.14 | 244.24 | 389.36 | YES |
| 233 | 223.47 | 629.86 | -406.39 | 61.06 | 568.8 | NO |
| 234 | 2140.02 | 6729.84 | -4589.82 | 549.54 | 6180.3 | NO |
| 235 | 1173.04 | 789.22 | 383.82 | 610.6 | 178.62 | YES |

**Cost-Effectiveness Results Among the No BadgerCare Eligible Children Group**

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| CASE | CAP PAYMENTS | HIPP COSTS (E+F) | SAVINGS (B-C) | WRAP COSTS | PREMIUMS | COST EFFECTIVE |
| 1 | 1747.04 | 1444.24 | 302.8 | 244.24 | 1200 | YES |
| 2 | 1595.08 | 1691.16 | -96.08 | 488.48 | 1202.68 | NO |
| 3 | 4762.26 | 4860.81 | -98.55 | 824.31 | 4036.5 | NO |
| 4 | 818.56 | 727.18 | 91.38 | 183.18 | 544 | YES |
| 5 | 2518.35 | 3175.25 | -656.9 | 763.25 | 2412 | NO |
| 6 | 4486.95 | 5068.62 | -581.67 | 1648.62 | 3420 | NO |
| 7 | 3665.07 | 4131.72 | -466.65 | 1099.08 | 3032.64 | NO |
| 8 | 2239.8 | 1438.71 | 801.09 | 366.36 | 1072.35 | YES |
| 9 | 6353.19 | 4290.39 | 2062.8 | 1923.39 | 2367 | YES |
| 10 | 3506 | 1652.75 | 1853.25 | 457.95 | 1194.8 | YES |
| 11 | 3066.93 | 3151.08 | -84.15 | 1099.08 | 2052 | NO |
| 12 | 5003.1 | 4105.71 | 897.39 | 824.31 | 3281.4 | YES |
| 13 | 5457.6 | 9640.17 | -4182.57 | 1923.39 | 7716.78 | NO |
| 14 | 2702.07 | 4586.04 | -1883.97 | 549.54 | 4036.5 | NO |
| 15 | 2084.35 | 2971.25 | -886.9 | 457.95 | 2513.3 | NO |
| 16 | 594.81 | 4811.58 | -4216.77 | 549.54 | 4262.04 | NO |
| 17 | 1234.44 | 942.56 | 291.88 | 366.36 | 576.2 | YES |
| 18 | 2309.94 | 2610.27 | -300.33 | 274.77 | 2335.5 | NO |
| 19 | 332.58 | 2248.68 | -1916.1 | 366.36 | 1882.32 | NO |
| 20 | 2300.15 | 1677 | 623.15 | 763.25 | 913.75 | YES |
| 21 | 904.12 | 1771.36 | -867.24 | 122.12 | 1649.24 | NO |
| 22 | 1893.6 | 3591.18 | -1697.58 | 1648.62 | 1942.56 | NO |
| 23 | 321.2 | 376.15 | -54.95 | 61.06 | 315.09 | NO |
| 24 | 7408.17 | 4922.26 | 2485.91 | 1282.26 | 3640 | YES |
| 25 | 5491.02 | 3660.3 | 1830.72 | 1282.26 | 2378.04 | YES |
| 26 | 637.22 | 572.12 | 65.1 | 122.12 | 450 | YES |
| 27 | 221.24 | 411.78 | -190.54 | 30.53 | 381.25 | NO |
| 28 | 3888.9 | 4979.61 | -1090.71 | 1099.08 | 3880.53 | NO |
| 29 | 812.43 | 2477.34 | -1664.91 | 549.54 | 1927.8 | NO |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 30 | 608 | 4655.05 | -4047.05 | 610.6 | 4044.45 | NO |
| 31 | 1819.62 | 1154.46 | 665.16 | 366.36 | 788.1 | YES |
| 32 | 1251.11 | 2633.05 | -1381.94 | 427.42 | 2205.63 | NO |
| 33 | 2360.4 | 3238.13 | -877.73 | 641.13 | 2597 | NO |
| 34 | 1368.8 | 2023.92 | -655.12 | 244.24 | 1779.68 | NO |
| 35 | 592.42 | 781.8 | -189.38 | 122.12 | 659.68 | NO |
| 36 | 1444.52 | 1216.48 | 228.04 | 488.48 | 728 | YES |
| 37 | 3544.11 | 3451.14 | 92.97 | 549.54 | 2901.6 | YES |
| 38 | 3320.04 | 2199.42 | 1120.62 | 915.9 | 1283.52 | YES |
| 39 | 748.14 | 588.24 | 159.9 | 244.24 | 344 | YES |
| 40 | 2900.96 | 4069.28 | -1168.32 | 488.48 | 3580.8 | NO |
| 41 | 1747.32 | 3880.68 | -2133.36 | 732.72 | 3147.96 | NO |
| 42 | 2388.42 | 5918.85 | -3530.43 | 549.54 | 5369.31 | NO |
| 43 | 1909.52 | 2371.04 | -461.52 | 488.48 | 1882.56 | NO |
| 44 | 1072.38 | 2406.36 | -1333.98 | 366.36 | 2040 | NO |
| 45 | 4486.77 | 2653.02 | 1833.75 | 1373.85 | 1279.17 | YES |
| 46 | 620.1 | 4248.54 | -3628.44 | 549.54 | 3699 | NO |
| 47 | 855.4 | 1562.55 | -707.15 | 305.3 | 1257.25 | NO |
| 48 | 2968.64 | 3917.2 | -948.56 | 1221.2 | 2696 | NO |
| 49 | 3345.21 | 3265.38 | 79.83 | 1373.85 | 1891.53 | YES |
| 50 | 2420.01 | 3165.21 | -745.2 | 274.77 | 2890.44 | NO |
| 51 | 3726.63 | 2781.09 | 945.54 | 824.31 | 1956.78 | YES |
| 52 | 5806.8 | 3569.85 | 2236.95 | 1373.85 | 2196 | YES |
| 53 | 3383.28 | 3083.31 | 299.97 | 824.31 | 2259 | YES |
| 54 | 1090.56 | 913.68 | 176.88 | 274.77 | 638.91 | YES |
| 55 | 430.08 | 527.18 | -97.1 | 183.18 | 344 | NO |
| 56 | 4969.26 | 3469.08 | 1500.18 | 1099.08 | 2370 | YES |
| 57 | 5160.24 | 6136.92 | -976.68 | 1648.62 | 4488.3 | NO |
| 58 | 1164.88 | 1529.24 | -364.36 | 366.36 | 1162.88 | NO |
| 59 | 3187.71 | 6905.97 | -3718.26 | 824.31 | 6081.66 | NO |
| 60 | 1018.06 | 715.36 | 302.7 | 183.18 | 532.18 | YES |
| 61 | 5120.16 | 3763.92 | 1356.24 | 732.72 | 3031.2 | YES |
| 62 | 1505.34 | 1006.77 | 498.57 | 274.77 | 732 | YES |
| 63 | 4589.19 | 4252.32 | 336.87 | 1648.62 | 2603.7 | YES |
| 64 | 139.84 | 788.6 | -648.76 | 122.12 | 666.48 | NO |
| 65 | 624.14 | 337.26 | 286.88 | 91.59 | 245.67 | YES |
| 66 | 923.94 | 981.63 | -57.69 | 274.77 | 706.86 | NO |
| 67 | 3911.16 | 3009.24 | 901.92 | 732.72 | 2276.52 | YES |
| 68 | 1044.54 | 972.84 | 71.7 | 183.18 | 789.66 | YES |
| 69 | 2936.52 | 2465.52 | 471 | 488.48 | 1977.04 | YES |
| 70 | 1539.65 | 1822.15 | -282.5 | 457.95 | 1364.2 | NO |
| 71 | 5044.77 | 3699.54 | 1345.23 | 549.54 | 3150 | YES |
| 72 | 2120.36 | 1751.56 | 368.8 | 610.6 | 1140.96 | YES |
| 73 | 2619.09 | 4244.31 | -1625.22 | 824.31 | 3420 | NO |
| 74 | 970.06 | 612.18 | 357.88 | 183.18 | 429 | YES |
| 75 | 3250.17 | 3279.33 | -29.16 | 1099.08 | 2180.25 | NO |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 76 | 1416.42 | 3101.94 | -1685.52 | 549.54 | 2552.4 | NO |
| 77 | 3010.9 | 2649.2 | 361.7 | 915.9 | 1733.3 | YES |
| 78 | 2767.87 | 4833.22 | -2065.35 | 854.84 | 3978.38 | NO |
| 79 | 1539.9 | 1061.01 | 478.89 | 274.77 | 786.24 | YES |
| 80 | 832.53 | 1266.09 | -433.56 | 274.77 | 991.32 | NO |
| 81 | 2954.52 | 6826.68 | -3872.16 | 1099.08 | 5727.6 | NO |
| 82 | 2464.56 | 4404.72 | -1940.16 | 732.72 | 3672 | NO |
| 83 | 2585.7 | 4223.43 | -1637.73 | 274.77 | 3948.66 | NO |
| 84 | 1422.78 | 1998.36 | -575.58 | 366.36 | 1632 | NO |
| 85 | 2816.01 | 4275.36 | -1459.35 | 824.31 | 3451.05 | NO |
| 86 | 3410.73 | 2713.5 | 697.23 | 1099.08 | 1614.42 | YES |
| 87 | 2348.13 | 1993.35 | 354.78 | 457.95 | 1535.4 | YES |
| 88 | 2951.82 | 7643.16 | -4691.34 | 824.31 | 6818.85 | NO |
| 89 | 2333.88 | 2086.92 | 246.96 | 549.54 | 1537.38 | YES |
| 90 | 1179.3 | 1805.64 | -626.34 | 457.95 | 1347.69 | NO |
| 91 | 238.69 | 424.14 | -185.45 | 61.06 | 363.08 | NO |
| 92 | 6722.37 | 3513.96 | 3208.41 | 2198.16 | 1315.8 | YES |
| 93 | 1512.64 | 2581.96 | -1069.32 | 366.36 | 2215.6 | NO |
| 94 | 4356.63 | 3802.41 | 554.22 | 824.31 | 2978.1 | YES |
| 95 | 4643.28 | 1493.1 | 3150.18 | 824.31 | 668.79 | YES |
| 96 | 337.2 | 979.06 | -641.86 | 61.06 | 918 | NO |
| 97 | 7380.27 | 5434.83 | 1945.44 | 2747.7 | 2687.13 | YES |
| 98 | 1509.9 | 1842.82 | -332.92 | 854.84 | 987.98 | NO |
| 99 | 299.48 | 578.62 | -279.14 | 61.06 | 517.56 | NO |
| 100 | 3145.68 | 2854.08 | 291.6 | 1099.08 | 1755 | YES |
| 101 | 5458.86 | 2264.31 | 3194.55 | 824.31 | 1440 | YES |
| 102 | 3239.19 | 4769.01 | -1529.82 | 1099.08 | 3669.93 | NO |
| 103 | 5927.2 | 3362.72 | 2564.48 | 976.96 | 2385.76 | YES |
| 104 | 3104.4 | 1389.84 | 1714.56 | 1099.08 | 290.76 | YES |
| 105 | 2091.32 | 2849.63 | -758.31 | 641.13 | 2208.5 | NO |
| 106 | 2148.66 | 2743.02 | -594.36 | 549.54 | 2193.48 | NO |
| 107 | 2931.03 | 3437.55 | -506.52 | 1099.08 | 2338.47 | NO |
| 108 | 2546.6 | 1493.4 | 1053.2 | 366.36 | 1127.04 | YES |
| 109 | 6907.5 | 5657.85 | 1249.65 | 1923.39 | 3734.46 | YES |
| 110 | 1552.81 | 4038.44 | -2485.63 | 213.71 | 3824.73 | NO |
| 111 | 2065.05 | 2582.19 | -517.14 | 549.54 | 2032.65 | NO |
| 112 | 3936.15 | 2652.93 | 1283.22 | 1099.08 | 1553.85 | YES |
| 113 | 457.68 | 1135.98 | -678.3 | 183.18 | 952.8 | NO |
| 114 | 5008.14 | 3494.34 | 1513.8 | 1648.62 | 1845.72 | YES |
| 115 | 1564.29 | 1897.42 | -333.13 | 427.42 | 1470 | NO |
| 116 | 760.59 | 3869.73 | -3109.14 | 549.54 | 3320.19 | NO |
| 117 | 2883.3 | 2030.6 | 852.7 | 610.6 | 1420 | YES |
| 118 | 2053.28 | 1581.52 | 471.76 | 244.24 | 1337.28 | YES |
| 119 | 2339.91 | 1979.01 | 360.9 | 824.31 | 1154.7 | YES |
| 120 | 4041.18 | 3917.7 | 123.48 | 1099.08 | 2818.62 | YES |
| 121 | 4414.41 | 4655.25 | -240.84 | 1373.85 | 3281.4 | NO |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 122 | 6202.56 | 3168.55 | 3034.01 | 1068.55 | 2100 | YES |
| 123 | 4250.52 | 3362.4 | 888.12 | 1373.85 | 1988.55 | YES |
| 124 | 618.75 | 534.35 | 84.4 | 122.12 | 412.23 | YES |
| 125 | 7496.48 | 3367.76 | 4128.72 | 2198.16 | 1169.6 | YES |
| 126 | 424.17 | 911.85 | -487.68 | 183.18 | 728.67 | NO |
| 127 | 2849.85 | 1077.95 | 1771.9 | 457.95 | 620 | YES |
| 128 | 3515.36 | 3190.72 | 324.64 | 976.96 | 2213.76 | YES |
| 129 | 1632.75 | 721.74 | 911.01 | 274.77 | 446.97 | YES |
| 130 | 434.61 | 2209.2 | -1774.59 | 91.59 | 2117.61 | NO |
| 131 | 4933.08 | 4256.73 | 676.35 | 1373.85 | 2882.88 | YES |
| 132 | 5991.12 | 2945.52 | 3045.6 | 824.31 | 2121.21 | YES |
| 133 | 3970.26 | 1770.48 | 2199.78 | 549.54 | 1220.94 | YES |
| 134 | 728.42 | 589.12 | 139.3 | 122.12 | 467 | YES |
| 135 | 3292.32 | 2737.14 | 555.18 | 549.54 | 2187.6 | YES |
| 136 | 3644.73 | 3233.7 | 411.03 | 1099.08 | 2134.62 | YES |
| 137 | 451.78 | 900.1 | -448.32 | 122.12 | 777.98 | NO |
| 138 | 2936.34 | 2859.12 | 77.22 | 1099.08 | 1760.04 | YES |
| 139 | 1412.9 | 1987.25 | -574.35 | 457.95 | 1529.3 | NO |
| 140 | 1623.87 | 2799.54 | -1175.67 | 549.54 | 2250 | NO |
| 141 | 2142.09 | 3400.83 | -1258.74 | 824.31 | 2576.52 | NO |
| 142 | 1508.4 | 2115.54 | -607.14 | 549.54 | 1566 | NO |
| 143 | 2616.84 | 3303.54 | -686.7 | 549.54 | 2754 | NO |
| 144 | 4129.2 | 6458.85 | -2329.65 | 1373.85 | 5085 | NO |
| 145 | 2125.98 | 4575.33 | -2449.35 | 549.54 | 4025.79 | NO |
| 146 | 3024.64 | 3825.04 | -800.4 | 732.72 | 3092.32 | NO |
| 147 | 1048.56 | 1550.16 | -501.6 | 366.36 | 1183.8 | NO |
| 148 | 1706.4 | 2275.26 | -568.86 | 366.36 | 1908.9 | NO |
| 149 | 1791.86 | 1386.36 | 405.5 | 366.36 | 1020 | YES |
| 150 | 3242.28 | 1840.5 | 1401.78 | 732.72 | 1107.78 | YES |
| 151 | 4399.29 | 4160.61 | 238.68 | 824.31 | 3336.3 | YES |
| 152 | 2951.82 | 3366 | -414.18 | 1099.08 | 2266.92 | NO |
| 153 | 1671.18 | 2606.24 | -935.06 | 427.42 | 2178.82 | NO |
| 154 | 2172.87 | 5503.86 | -3330.99 | 549.54 | 4954.32 | NO |
| 155 | 2777.32 | 3541.02 | -763.7 | 854.84 | 2686.18 | NO |
| 156 | 4935.24 | 3494.34 | 1440.9 | 1648.62 | 1845.72 | YES |
| 157 | 2716.74 | 2297.28 | 419.46 | 1099.08 | 1198.2 | YES |
| 158 | 605.4 | 1110.16 | -504.76 | 366.36 | 743.8 | NO |
| 159 | 3925.62 | 5554.62 | -1629 | 1648.62 | 3906 | NO |
| 160 | 3539.52 | 3124.08 | 415.44 | 1099.08 | 2025 | YES |
| 161 | 2307.06 | 3830.94 | -1523.88 | 549.54 | 3281.4 | NO |
| 162 | 1028.31 | 5475.39 | -4447.08 | 366.36 | 5109.03 | NO |
| 163 | 1441.3 | 870.02 | 571.28 | 305.3 | 564.72 | YES |
| 164 | 2863.35 | 4105.71 | -1242.36 | 824.31 | 3281.4 | NO |
| 165 | 674.4 | 1508.24 | -833.84 | 244.24 | 1264 | NO |
| 166 | 667.29 | 336.32 | 330.97 | 122.12 | 214.2 | YES |
| 167 | 855.5 | 1259.45 | -403.95 | 305.3 | 954.15 | NO |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 168 | 2142.09 | 3544.56 | -1402.47 | 549.54 | 2995.02 | NO |
| 169 | 1185.2 | 1165.16 | 20.04 | 366.36 | 798.8 | YES |
| 170 | 1411.92 | 3477.69 | -2065.77 | 549.54 | 2928.15 | NO |
| 171 | 4049.71 | 3279.57 | 770.14 | 1495.97 | 1783.6 | YES |
| 172 | 2436.39 | 3848.85 | -1412.46 | 1373.85 | 2475 | NO |
| 173 | 1155.35 | 2392.75 | -1237.4 | 305.3 | 2087.45 | NO |
| 174 | 4989.04 | 3126.32 | 1862.72 | 1221.2 | 1905.12 | YES |
| 175 | 1137.36 | 2414.48 | -1277.12 | 488.48 | 1926 | NO |
| 176 | 888.91 | 408.9 | 480.01 | 183.18 | 225.72 | YES |
| 177 | 3571.68 | 4313.6 | -741.92 | 732.72 | 3580.88 | NO |
| 178 | 1660.2 | 2065.68 | -405.48 | 732.72 | 1332.96 | NO |
| 179 | 252.09 | 499.12 | -247.03 | 61.06 | 438.06 | NO |
| 180 | 1650.6 | 2024.55 | -373.95 | 457.95 | 1566.6 | NO |
| 181 | 6065.76 | 2846.64 | 3219.12 | 1465.44 | 1381.2 | YES |
| 182 | 2155.51 | 3495.52 | -1340.01 | 641.13 | 2854.39 | NO |
| 183 | 1988.65 | 3015.7 | -1027.05 | 610.6 | 2405.1 | NO |
| 184 | 756.27 | 1077.18 | -320.91 | 183.18 | 894 | NO |
| 185 | 1935.92 | 2425.28 | -489.36 | 488.48 | 1936.8 | NO |
| 186 | 180.54 | 412.42 | -231.88 | 61.06 | 351.36 | NO |
| 187 | 993.04 | 521.52 | 471.52 | 122.12 | 399.4 | YES |
| 188 | 4212.9 | 2784.78 | 1428.12 | 915.9 | 1868.88 | YES |
| 189 | 2626.24 | 4849.76 | -2223.52 | 976.96 | 3872.8 | NO |
| 190 | 7085.16 | 8137.35 | -1052.19 | 1648.62 | 6488.73 | NO |
| 191 | 1957.02 | 2067.42 | -110.4 | 549.54 | 1517.88 | NO |
| 192 | 2190.23 | 4716.25 | -2526.02 | 641.13 | 4075.12 | NO |
| 193 | 1688.61 | 5113.71 | -3425.1 | 427.42 | 4686.29 | NO |
| 194 | 2503.12 | 4144.96 | -1641.84 | 976.96 | 3168 | NO |
| 195 | 1447.38 | 3840.3 | -2392.92 | 366.36 | 3473.94 | NO |
| 196 | 2237.1 | 2257.2 | -20.10 | 732.72 | 1524.48 | NO |
| 197 | 2631.42 | 4578.03 | -1946.61 | 549.54 | 4028.49 | NO |
| 198 | 2841.57 | 4203 | -1361.43 | 1099.08 | 3103.92 | NO |
| 199 | 575.64 | 713.54 | -137.9 | 244.24 | 469.3 | NO |
| 200 | 3954.18 | 2451.54 | 1502.64 | 549.54 | 1902 | YES |
| 201 | 4594.77 | 4026.06 | 568.71 | 1099.08 | 2926.98 | YES |
| 202 | 357.46 | 593.06 | -235.6 | 61.06 | 532 | NO |
| 203 | 1758.33 | 3149.64 | -1391.31 | 274.77 | 2874.87 | NO |
| 204 | 4677.3 | 3075.48 | 1601.82 | 1648.62 | 1426.86 | YES |
| 205 | 3665.07 | 6189.48 | -2524.41 | 1099.08 | 5090.4 | NO |
| 206 | 930.62 | 857.5 | 73.12 | 305.3 | 552.2 | YES |
| 207 | 2772.63 | 3480.21 | -707.58 | 824.31 | 2655.9 | NO |
| 208 | 3961.44 | 6416.46 | -2455.02 | 1373.85 | 5042.61 | NO |
| 209 | 2179.98 | 3114.54 | -934.56 | 549.54 | 2565 | NO |
| 210 | 4986.27 | 5211.72 | -225.45 | 1648.62 | 3563.1 | NO |
| 211 | 1653.54 | 2702.42 | -1048.88 | 427.42 | 2275 | NO |
| 212 | 5184.69 | 3682.14 | 1502.55 | 854.84 | 2827.3 | YES |
| 213 | 3172.04 | 1521.08 | 1650.96 | 610.6 | 910.48 | YES |

| A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|
| 214 | 650.45 | 684.24 | -33.79 | 122.12 | 562.12 | NO |
| 215 | 959.86 | 912.38 | 47.48 | 183.18 | 729.2 | YES |
| 216 | 4068.27 | 4093.02 | -24.75 | 1099.08 | 2993.94 | NO |
| 217 | 1662.74 | 955.7 | 707.04 | 366.36 | 589.34 | YES |
| 218 | 1883.94 | 1731.36 | 152.58 | 366.36 | 1365 | YES |
| 219 | 2771.82 | 3402.36 | -630.54 | 824.31 | 2578.05 | NO |
| 220 | 4642.56 | 4643.01 | -0.45 | 1373.85 | 3269.16 | NO |
| 221 | 2341.71 | 4222.8 | -1881.09 | 1648.62 | 2574.18 | NO |
| 222 | 1670.83 | 3605.98 | -1935.15 | 427.42 | 3178.56 | NO |
| 223 | 2124.64 | 3114.84 | -990.2 | 854.84 | 2260 | NO |
| 224 | 2179.98 | 5173.47 | -2993.49 | 824.31 | 4349.16 | NO |
| 225 | 6885.27 | 6141.69 | 743.58 | 1099.08 | 5042.61 | YES |
| 226 | 541.29 | 673.71 | -132.42 | 91.59 | 582.12 | NO |
| 227 | 1026.48 | 2305.86 | -1279.38 | 366.36 | 1939.5 | NO |
| 228 | 3451.95 | 5809.41 | -2357.46 | 824.31 | 4985.1 | NO |
| 229 | 6726.33 | 5676.48 | 1049.85 | 2472.93 | 3203.55 | YES |
| 230 | 4512.24 | 2964.42 | 1547.82 | 1648.62 | 1315.8 | YES |

**APPENDIX VII**

# Wisconsin State Planning Grant

## BadgerCare/HIPP Analysis Recommendations

**July 15, 2005**

Prepared by
APS Healthcare, Inc.
210 E. Doty Street, Suite 210
Madison, WI 53703

## Project Summary

Wisconsin's Health Insurance Premium Payment (HIPP) program was implemented in 1999 to leverage employer contributions, keep family members together, limit crowd-out, ease transition from public to private coverage, strengthen the private insurance market and eliminate the stigma of public programs. To accomplish these goals, HIPP pays the enrollee's employer sponsored health insurance premium, coinsurance and deductibles in place of providing Medicaid coverage through programs like BadgerCare or the Medical Assistance Purchase Plan (MAPP). HIPP also pays for services not covered by the enrollee's health insurance plan through Medicaid fee-for-service.

In late 2004 APS Healthcare, Inc. updated the 2001 Institute for Health Policy Solutions (IHPS) analysis of barriers to enrollment in the Health Insurance Premium Payment program (HIPP) to determine at what point in the process potential enrollees are "lost." APS also examined the cost-effectiveness of HIPP in two separate analyses. The first analysis reviewed the Division of Health Care Financing (DHCF) cost-effectiveness analysis of HIPP and built upon the existing evaluation framework. APS conducted a cost-effectiveness analysis for calendar year (CY) 2003. This analysis differed from the DHCF's annual evaluation in a number of ways. The second analysis examined the potential cost-effectiveness of enrolling HIPP applicants who were denied enrollment due to selected screening criteria integrated in the HIPP enrollment process. Detailed discussions of these analyses can be found in the following reports online at http://dhfs.wisconsin.gov/medicaid8/state-grant/2003spr/2003spr.htm.

1. *HIPP Enrollment Process Review – Final Report – December 2,2004*
2. *HIPP Program-Wide Cost-Effectiveness Evaluation, January 5, 2005*
3. *HIPP Case-by-Case Cost-Effectiveness Evaluation, June 24, 2005*

## Summary of Findings/Recommendations

**Enrollment Process**

During the HIPP enrollment process review, it was discovered that only a very small percentage of employed BadgerCare enrollees were enrolled in HIPP during the study period (July 2002 through June 2004). Of the 49,425 employed applicants, only 157 (0.3%) were participating in HIPP. A number of opportunities for program expansion were discovered during the course of this analysis and are discussed below.

*Individual versus Family Coverage*

Half of the applicants deemed 'employed' did not have access to family coverage through their employer. However, it is possible that many of these applicants had access to individual coverage. However, the HIPP applications do not provide information on access to individual coverage. There is likely an opportunity to increase HIPP enrollment and achieve cost savings by accessing individual coverage through the BadgerCare participant's employer. DHFS may want to consider collecting information on individual coverage through the HIPP applications so that a cost-effectiveness study could be done in the future.

*Self-funded Plans*
A quarter of those 'employed' had access to a self-funded plan. Although it is reported that program policy does not exclude self-funded plans per se, it appears that these applicants do not proceed through the HIPP enrollment process. A better understanding of how to address self-funded plans (specifically as it pertains to determination of the employer contribution percent) so that these plans could be considered for "buy-in" under HIPP may lead to increased HIPP enrollment and additional Medicaid savings.

*Employer Contribution*
Approximately 40% of applicants who had access to approved plans under HIPP had employer contributions outside the acceptable range for the current cost-effectiveness test – the vast majority with employer contributions <40%. Under current practice these plan are not tested for cost-effectiveness and are not considered for buy in. It was suspected that there would be an opportunity to increase HIPP enrollment by expanding the acceptable employer contribution range. This hypothesis was tested and the findings are discussed below under "Case by Case by Case Cost-effectiveness."

*BadgerCare-eligible Child*
A large percent of those employed with access to an approved plan with an acceptable employer contribution level never made it to the cost-effectiveness determination step because they did not have at least one BadgerCare-eligible child (62% of employed individuals or 1,495 of 2,423 for the study period). Since having a Medicaid or BadgerCare-eligible child is a condition of BadgerCare adult enrollment, it follows that BadgerCare-eligible adults that do not have a BadgerCare-eligible child must have at least one Medicaid-eligible child. Again, it was suspected that potential cost-savings associated with enrolling the eligible adult and the Medicaid children in the employer sponsored insurance plan were lost. This hypothesis was also tested and the findings are discussed below under "Case by Case Cost-Effectiveness."

**Program-Wide Cost-Effectiveness**
Program-wide cost-effectiveness is determined by comparing the costs associated with BadgerCare capitation payments and any additional costs paid by Wisconsin Medicaid (wrap-around fee-for-service costs) to the employer sponsored health insurance employee premium liability plus all expenses not covered by the employer plan that would be picked-up by Wisconsin Medicaid. When examined as an aggregate, the program-wide cost-effectiveness analysis determined if HIPP enrollees during calendar year 2003 actually reduced expenditures for Wisconsin Medicaid compared to their estimated expenses had they not enrolled in HIPP. The program-wide cost-effectiveness analysis showed that HIPP is cost-effective, saving Wisconsin Medicaid approximately $129,000 among 106 cases eligible for HIPP in 2003.

Although not directly related to the eventual cost savings findings, mention must be made of the data available to complete this analysis. The lack of a **single comprehensive enrollment database** presents a significant barrier to updating this analysis as well as conducting routine program monitoring. In addition, the inconsistencies between available data sources are disconcerting – especially with regard to key issues such as the determination of members included in a case and monthly enrollment. HIPP eligibility is not consistent between the Medicaid Evaluation and Decision Support data warehouse and the Excel spreadsheet provided by the EDS HIPP Unit. In addition, no electronic

application data is entered for applicants to HIPP who do not meet one of the screening criteria. As a result, testing this group for cost-effectiveness is very difficult and requires significant data entry. Lastly, an accurate count of eligible HIPP participants within each case, and accurate months of HIPP eligibility must be calculated using monthly payments as recorded in Excel spreadsheets or paper forms. For more specific details of the data issues and discrepancies encountered during the program-wide cost-effectiveness analysis, please see the report *HIPP Program-Wide Cost-Effectiveness Evaluation, January 5, 2005* identified above. These issues should be addressed to assure an accurate and efficient BadgerCare and HIPP monitoring process.

**Case-by-Case Cost-Effectiveness**

This analysis showed that several cases among applicants whose employer contributed less than 40% of their health insurance premium and applicants without BadgerCare eligible children **would be cost-effective** if allowed to enroll in HIPP. Our analysis showed that 22% of the less than 40% group and 42% of the no BadgerCare children group would have been cost-effective had they been allowed to enroll in HIPP. These HIPP applicants could potentially save Wisconsin Medicaid over $1 million annually. This finding suggests that each HIPP applicant **should receive a full cost-effectiveness test when applying for the program,** as opposed to eliminating cases if they fail to meet one of the above criteria. The cost of administering the EDS cost-effectiveness test should only slightly diminish the cost savings that would be realized from enrolling the new cost-effective applicants. Additional recommendations include:

4. All estimated wrap-around costs used in the current cost-effectiveness test should be updated to reflect more recent data. These wrap-around costs should be estimated using actual HIPP participant wrap-around expenses, if at all possible. The current wrap-around estimates have not been updated since the inception of HIPP.

5. All capitation rates used in the cost-effectiveness test should be updated to reflect the most current age, gender and rate region adjusted rates. The current capitation rates used in the enrollment cost-effectiveness test are not age and gender adjusted. A single region-level rate is applied to all members of the case.

6. HIPP participants should be evaluated annually to determine their cost-effectiveness status. Changes in employer contribution or covered benefits under the plan could impact cost-effectiveness over time. In cases where the participant is no longer cost-effective, it may be possible to move them off of HIPP and re-test them again the following year if they remain enrolled in BadgerCare.

**APPENDIX VIII**

# Wisconsin State Planning Grant – Employer-Based Health Coverage in Wisconsin and Nationally

## 1998-2002

**April 19, 2005**

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**Table of Contents**

**Employer-Based Health Insurance Coverage in Wisconsin and Nationally**

The following briefing paper and underlying analysis was conducted as part of the Department of Health and Family Services Wisconsin State Planning Grant with financial support from the Health Research and Services Administration (HRSA).

*Access to health insurance in Wisconsin remains at a high level. The 1999 Wisconsin Family Health Survey, a point-in-time estimate of the number of uninsured individuals in Wisconsin was approximately 340,000 – just 7% of the state's population. The Wisconsin Family Health Survey was updated in 2003 showing a slight decrease in the percent uninsured in Wisconsin, down to 6% of the state's total population. Based on the 2003 figures, approximately 84% of Wisconsin residents under age 65 were covered by private health insurance. The majority of this coverage was employer-based.* [9]

*This briefing paper provides detailed information about employer-based health insurance in Wisconsin. The availability of coverage by various employer characteristics is examined, and employee eligibility and enrollment are discussed. In addition, the costs of health insurance and employer contributions toward coverage for their employees are examined. This briefing paper is an update and expansion of the "Employer-Based Health Insurance Coverage in Wisconsin" briefing paper completed in September 2001 and includes new breakouts by percent of employees who are full-time, as well as percent of employees who are low-wage.*

*The information in this briefing paper is based on the 1998-2002 Medical Expenditure Panel Surveys, conducted by the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. The 2002 survey is the most current information available. Findings from previous years, specifically the 1998 survey on which the original briefing paper was based, are used for comparison in this paper. Where possible, trend data for all years 1998 through 2002 were used. More details regarding these surveys are provided in the "About the Data" section of this briefing paper.*

**Employers Who Offer Coverage**

Table 1 provides information about the estimated number of private establishments and employees in Wisconsin and the United States for 1998 and 2002. The data is provided for small employers (less than 50 employees) and large employers (50 or more employees). The number of establishments in both Wisconsin and the United States are down slightly in 2002, while the number of employees has increased. As a percentage of all establishments, large establishments have increased from 1998 to 2002, as has the percentage of employees working at large employers. It is worthwhile to note that although small employers greatly outnumber large employers, the majority of employees in both Wisconsin and the United State work for large employers.

[9] Table 7, p.13, *Employer-Sponsored Health Insurance Coverage: Wisconsin Family Health Survey – 2002 and 2003*, February 2, 2005, prepared by APS Healthcare, Inc.

Table 1. Number of Establishments and Employees in Wisconsin and the United States, 1998 and 2002

| | 1998 | | | 2002 | | |
|---|---|---|---|---|---|---|
| | | Employer Size | | | Employer Size | |
| | Total | Small | Large | Total | Small | Large |
| Wisconsin | | | | | | |
| Establishments | 130,100 | 79% | 21% | 128,200 | 76% | 24% |
| Employees | 2,393,400 | 34% | 66% | 2,407,900 | 31% | 69% |
| United States | | | | | | |
| Establishments | 6,197,700 | 78% | 22% | 6,138,100 | 76% | 24% |
| Employees | 110,575,800 | 32% | 68% | 111,437,200 | 28% | 72% |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables II.A.1 and II.B.1. http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

**Employee Eligibility and Enrollment**

In 1998, over 50% of all establishments in Wisconsin and the United States offered health insurance[10], and 90% of Wisconsin employees worked at an establishment that offered health insurance, as compared to 87% throughout the United States. [11] However, only 69% of all Wisconsin employees were eligible for employer-offered insurance, a figure that jumps to 79% among large employers, but dips to 51% among small employers. Of further note, 58% of all employees in Wisconsin accepted their employer-offered insurance. This figure increases to 70% among large employers and drops to 36% among small employers.

Comparison data for 2002 can be found in Tables 2 and 3 below. Overall, little changed between 1998 and 2002 in both Wisconsin and the United States regarding employer-offer of health insurance, employee eligibility and acceptance of employer-offered health insurance.

Table 2. Establishments That Offer Health Insurance by Size in Wisconsin and the United States, 2002

| | 2002 | | |
|---|---|---|---|
| | | Employer Size | |
| | Total | Small | Large |
| Establishments in **Wisconsin** | **128,200** | **98,000** | **30,200** |
| Number That Offer Health Insurance | 76,900 (60%) | 47,200 (48%) | 30,700 (98%) |
| Establishments in the **United States** | **6,138,100** | **4,646,700** | **1,491,400** |
| Number That Offer Health Insurance | 3,511,000 (57%) | 2,067,800 (45%) | 1,439,200 (97%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables I.A.1 and II.A.2. http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

[10] See Table 1 in the accompanying document entitled *Employer-Based Health Coverage in Wisconsin and Nationally: Additional Data* for 1998 data.

[11] See Table 2 in the accompanying document entitled *Employer-Based Health Coverage in Wisconsin and Nationally: Additional Data* for 1998 data.

Table 3. Employees in Wisconsin and the United States by Employer Size, 2002

| 2002 | | Employer Size | |
|---|---|---|---|
| | Total | Small | Large |
| Employees in **Wisconsin** | **2,407,900** | **740,400** | **1,667,500** |
| In Establishments That Offer Health Insurance | 2,164,700 (90%) | 507,200 (69%) | 1,657,500 (99%) |
| Eligible for Employer-Offered Insurance | 1,638,700 (68%) | 349,500 (47%) | 1,289,500 (77%) |
| Declined Employer Offer | 309,700 (13%) | 94,400 (13%) | 215,400 (13%) |
| Accepted Employer Insurance | 1,329,000 (55%) | 255,100 (34%) | 1,074,200 (64%) |
| Employees in the **United States** | **111,437,200** | **30,830,700** | **80,606,500** |
| In Establishments That Offer Health Insurance | 98,399,100 (88%) | 19,577,500 (64%) | 78,833,200 (98%) |
| Eligible for Employer-Offered Insurance | 75,865,700 (68%) | 15,270,400 (50%) | 60,543,900 (75%) |
| Declined Employer Offer | 14,414,500 (13%) | 3,283,100 (11%) | 11,079,600 (14%) |
| Accepted Employer Insurance | 61,451,200 (55%) | 11,987,300 (39%) | 49,464,200 (61%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables II.B.1, II.B.2, II.B.2.a. and II.B.2.a http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Beginning in 2000, the MEPS-IC switched to a new industry classification system for employers. As a result, only the years 2000 through 2002 are compared in this paper (Table 4).[12] For more details on this change, please see the "About the Data" section at the end of this paper.

When examining specific industry categories, "retail, other services and unknown services" has the largest share of employees eligible for employer-offered insurance in both Wisconsin and the United States from 2000 through 2002. Mining and manufacturing in Wisconsin accounts for between 22% and 25% of eligible employees, but only between 16% and 18% of eligible employees throughout the United States. The percent of eligible employees providing professional services appears to be slowly increasing nationally, while professional service employees in Wisconsin spiked in 2001. Wisconsin showed 18% of eligible employees working in professional services in 2000, with a jump to 26% in 2001 and a dip to 21% in 2002.

Although over 30% of all employees work in "retail, other services and unknown services" in Wisconsin and the United States, only 25% to 31% of employees eligible for insurance worked in this category between 2000 and 2002. For example, in 2000, 34% of all employees in Wisconsin worked in the "retail, other services and unknown services" category, yet only 25% of eligible employees worked in this category. This difference most likely reflects the limited employer-offered health insurance options found in many retail positions.

[12] See Tables 6 and 7 in the accompanying document entitled *Employer-Based Health Coverage in Wisconsin and Nationally: Additional Data* for 200 and 2001 data.

Table 4. Employees Eligible for Employer-Offered Insurance by Industry in Wisconsin and the United States, 2002

| | 2002 Percent of All Employees | Percent of Employees Eligible for Employer-Offered Insurance |
|---|---|---|
| **Wisconsin** | | |
| Agriculture, Fishing, Forestry & Construction | 8%* | 9%* |
| Mining and Manufacturing | 18% | 22% |
| Retail, Other Services & Unknown | 33% | 25% |
| Professional Services | 20% | 21% |
| All Others | 21% | 22% |
| **Total** | **100%** | **100%** |
| **United States** | | |
| Agriculture, Fishing, Forestry & Construction | 7% | 6% |
| Mining and Manufacturing | 14% | 16% |
| Retail, Other Services & Unknown | 37% | 30% |
| Professional Services | 23% | 24% |
| All Others | 20% | 23% |
| **Total** | **100%** | **100%** |
| Note: *Figure does not meet standard of reliability or precision. Percents may not sum to 100 due to rounding. | | |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables V.B.1, V.B.1.a. and V.B.2.a http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

## Health Insurance Premium Costs for Single and Family Coverage

Average single coverage health insurance premiums have gone up 52% between 1998 and 2002 in Wisconsin, from $2,304 in 1998 to $3,500 in 2002 (Table 5). Nationally, the increase has been 47% (Table 6). Small employers pay slightly more on average than large employers. The smallest increase in average premium costs for single coverage policies has been among large employers nationally, increasing 46% from 1998 to 2002.

Similar trends are evident among premiums for family coverage. Average annual premiums for family coverage in Wisconsin rose 49% from 1998 to 2002 and 52% nationally. Most notably, small employer family coverage premiums rose 63% in Wisconsin between 1998 and 2002, as compared with 46% among large employers in the state. Small employers were paying an average of $5,538 for family coverage in 1998 and $9,187 in 2002.

## Employer Contributions for Single and Family Coverage

Employer contributions towards the total cost of single coverage premiums remained relatively stable between 1998 and 2002 in both Wisconsin and the United States. Wisconsin employers contributed between 78% and 83% of the total cost of single coverage premiums between 1998 and 2002. The lowest percentage contribution (78%) occurred in 2000. Nationally, the employer contribution for single coverage ranged from 81% in 2002, to as high as 83% in 2000 and 2001. Small and large employers appear to be contributing roughly the same percentage

towards their employees' single coverage premiums. The largest difference occurred in 2002 among Wisconsin employers, where small employers contributed 87% and large employers contributed 81% towards their employees' single coverage premiums. Lastly, small employers in Wisconsin contribute less on average than do small employers nationally, with the largest difference occurring in 2000 when small Wisconsin employers contributed 74% to their employees' single coverage, while small employers nationally contributed 85% to their employees' single coverage.

Employer contributions towards family coverage averaged nearly 80% in all years and across both small and large employers in Wisconsin. However, nationally, small employers contributed less on average than large employers for family coverage. In 1998, small employers nationally contributed 71% of the premium for family coverage, while large employers contributed 76%. This gap may be narrowing, as small employers contributed 75% for family coverage in 2002, as compared to 77% among large employers. Detailed results can be found in Tables 5 and 6 below.

Table 5. Average Premiums and Employer Contributions for Establishments that Offer Health Insurance in Wisconsin, 1998-2002

| | Wisconsin | | | | | |
|---|---|---|---|---|---|---|
| | 1998 | 1999 | 2000 | 2001 | 2002 | % Change 1998-2002 |
| **Average Annual Premium for Single Coverage** | **$2,304** [13] | **$2,502** | **$2,826** | **$3,092** | **$3,500** | **52%** |
| Small Employer | $2,396 | $2,392 | $2,870 | $3,380 | $3,586 | 50% |
| Large Employer | $2,280 | $2,544 | $2,812 | $3,012 | $3,476 | 53% |
| **Employer Contribution for Single Coverage** | **83%** | **80%** | **78%** | **82%** | **81%** | |
| Small Employer | 83% | 80% | 74% | 81% | 80% | |
| Large Employer | 83% | 80% | 79% | 83% | 81% | |
| **Average Annual Premium for Family Coverage** | **$5,865** | **$6,475** | **$7,112** | **$7,556** | **$8,717** | **49%** |
| Small Employer | $5,638 | $6,450 | $7,295 | $8,221 | $9,187 | 63% |
| Large Employer | $5,922 | $6,481 | $7,075 | $7,370 | $8,614 | 46% |
| **Employer Contribution for Family Coverage** | **80%** | **79%** | **79%** | **80%** | **81%** | |
| Small Employer | 78% | 81% | 78% | 80% | 81% | |
| Large Employer | 80% | 78% | 80% | 80% | 81% | |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables II.C.1, II.C.3, II.D.1 and II.D.3 http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

[13] There is no indication in the *Technical Notes and Survey Documentation for the MEPS Insurance Component (MEPS IC)* document that suggests these figures were adjusted for inflation over time.

Table 6. Average Premiums and Employer Contributions for Establishments that Offer Health Insurance in the United States, 1998-2002

| | United States | | | | | |
|---|---|---|---|---|---|---|
| | 1998 | 1999 | 2000 | 2001 | 2002 | % Change 1998-2002 |
| **Average Annual Premium for Single Coverage** | **$2,174** | **$2,325** | **$2,655** | **$2,889** | **$3,189** | **47%** |
| Small Employer | $2,235 | $2,475 | $2,827 | $3,031 | $3,375 | 51% |
| Large Employer | $2,152 | $2,269 | $2,595 | $2,845 | $3,133 | 46% |
| **Employer Contribution for Single Coverage** | **82%** | **82%** | **83%** | **83%** | **83%** | |
| Small Employer | 86% | 85% | 85% | 85% | 87% | |
| Large Employer | 81% | 81% | 82% | 82% | 81% | |
| **Average Annual Premium for Family Coverage** | **$5,590** | **$6,058** | **$6,772** | **$7,509** | **$8,469** | **52%** |
| Small Employer | $5,442 | $6,062 | $6,868 | $7,704 | $8,502 | 56% |
| Large Employer | $5,622 | $6,057 | $6,752 | $7,473 | $8,463 | 51% |
| **Employer Contribution for Family Coverage** | **75%** | **76%** | **76%** | **77%** | **77%** | |
| Small Employer | 71% | 73% | 72% | 74% | 75% | |
| Large Employer | 76% | 77% | 77% | 77% | 77% | |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables II.C.1, II.C.3, II.D.1 and II.D.3 http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

## Insurance Access and Full-Time Employment

An inverse relationship exists between the percentage of full-time employees at an establishment and access to health insurance, both in Wisconsin and nationally (Table 7 and 8). Among establishments in Wisconsin with 75% or more full-time employees 73% offer health insurance; whereas only 33% of establishments with fewer than 50% full-time employees offer health insurance. This pattern of reduced access to health insurance among smaller establishments is also evident nationally.

Table 7. Establishment and Employee Data by Percent Full-Time Employees in Wisconsin, 2002

| | 2002 | | | |
|---|---|---|---|---|
| | | Percent Full-Time Employees | | |
| | Total | 75% or More | 50-74% | Less than 50% |
| Establishments in **Wisconsin** | 128,200 | 74,200 | 22,700 | 31,300 |
| Number That Offer Health Insurance | 76,900 (60%) | 53,900 (73%) | 12,600 (55%) | 10,300 (33%) |
| Employees in **Wisconsin** | 2,407,900 | 1,587,700 | 348,000 | 472,200 |
| In Establishments That Offer Health Insurance | 2,164,700 (90%) | 1,508,300 (95%) | 308,700 (89%) | 348,500 (74%) |
| Eligible for Employer-Offered Insurance | 1,638,700 (68%) | 1,340,900 (84%) | 189,800 (55%) | 97,400 (21%) |
| Declined Employer Offer | 309,700 (13%) | 219,900 (14%) | 46,300 (13%) | 39,000 (8%) |
| Accepted Employer Insurance | 1,329,000 (55%) | 1,121,000 (71%) | 143,500 (41%) | 58,500 (12%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables VII.A.1, VII.A.2, VII.B.1, VII.B.2, VII.B.2.a, VII.B.2.a.(1), http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 8. Establishment and Employee Data by Percent Full-Time Employees in the United States, 2002

| | 2002 | | | |
|---|---|---|---|---|
| | | Percent Full-Time Employees | | |
| | Total | 50% or more | Less than 50% | Unknown |
| Establishments in the **United States** | 6,138,000 | 3,975,100 | 963,600 | 1,199,300 |
| Number That Offer Health Insurance | 3,510,972 (57%) | 2,563,970 (65%) | 523,254 (54%) | 419,748 (35%) |
| Employees in the **United States** | 111,437,200 | 79,041,100 | 14,734,000 | 17,662,200 |
| In Establishments That Offer Health Insurance | 98,399,100 (88%) | 73,113,000 (93%) | 12,435,500 (84%) | 12,875,700 (73%) |
| Eligible for Employer-Offered Insurance | 75,865,700 (68%) | 62,584,700 (79%) | 8,195,000 (56%) | 5,098,800 (29%) |
| Declined Employer Offer | 14,414,500 (13%) | 10,263,900 (13%) | 2,294,600 (16%) | 1,866,200 (11%) |
| Accepted Employer Insurance | 61,451,200 (55%) | 52,320,800 (66%) | 5,900,400 (40%) | 3,232,600 (18%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables VII.A.1, VII.A.2, VII.B.1, VII.B.2, VII.B.2.a, VII.B.2.a.(1), http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

The percentage of full-time employees also seems to be related to average premium costs, both for single and family coverage in Wisconsin and nationally (Tables 9 and 10). Establishments with less than 50% full-time employees pay 11% more for single coverage in Wisconsin than establishments with 50% or more full-time employees. This trend holds true for family coverage in Wisconsin and both types of coverage nationally; however, the differences are never greater than 5%.

Table 9. Premium and Employer Contribution Data by Percent Full-Time Employees in Wisconsin, 2002

| | 2002 | | | |
|---|---|---|---|---|
| | | Percent Full-Time Employees | | |
| | Total | 50% or more | Less than 50% | Unknown |
| Premium Data in **Wisconsin** | | | | |
| Average Annual Premium for Single Coverage | $3,500 | $3,457 | $3,833 | $3,358 |
| Employer Contribution for Single Coverage | 81% | 82% | 82% | 71% |
| Average Annual Premium for Family Coverage | $8,717 | $8,653 | $9,088 | $9,277 |
| Employer Contribution for Family Coverage | 82% | 83% | 76% | 73% |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables VII.C.1, VII.C.3, VII.D.1, and VII.D.3. http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 10. Premium and Employer Contribution Data by Percent Full-Time Employees in the United States, 2002

| 2002 | | | | |
|---|---|---|---|---|
| | | Percent Full-Time Employees | | |
| | Total | 50% or more | Less than 50% | Unknown |
| Premium Data in **United States** | | | | |
| Average Annual Premium for Single Coverage | $3,189 | $3,194 | $3,291 | $2,949 |
| Employer Contribution for Single Coverage | 82% | 83% | 81% | 77% |
| Average Annual Premium for Family Coverage | $8,469 | $8,460 | $8,745 | $8,120 |
| Employer Contribution for Family Coverage | 76% | 77% | 73% | 70% |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables VII.C.1, VII.C.3, VII.D.1, and VII.D.3. http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

## Insurance Access and Low-Wage Employment

Reduced access to health insurance is also related to the percentage of low-wage employees at an establishment. For 2002, low-wage was defined as anyone earning $9.50 per hour or less. Further details regarding the definition of low-wage can be found in the "About the Data" section at the end of this paper. Looking at the Wisconsin data (Table 11), only 43% of establishments with 50% or more low-wage employees offer health insurance, as compared to 65% among establishment with less than 50% low-wage employees. Also among the employers in Wisconsin with 50% or more low-wage employee only 37% of those employees are eligible for employer-offered health insurance, while 76% of employees in establishments with less than 50% low-wage workers are eligible for employer-offered health insurance. A similar pattern is found in the U.S. data provided in Table 12 below.

Table 11. Establishment and Employee Data by Percent Low-Wage Employees in Wisconsin, 2002

| 2002 | | | | |
|---|---|---|---|---|
| | | Percent Low-Wage Employees | | |
| | Total | 50% or more | Less than 50% | Unknown |
| Establishments in **Wisconsin** | 128,200 | 39,100 | 71,000 | 18,100 |
| Number That Offer Health Insurance | 76,900 (60%) | 17,000 (43%) | 46,400 (65%) | 13,500 (75%) |
| Employees in **Wisconsin** | 2,407,900 | 483,600 | 1,115,000 | 809,400 |
| In Establishments That Offer Health Insurance | 2,164,700 (90%) | 366,100 (76%) | 1,009,100 (91%) | 789,100 (98%) |
| Eligible for Employer-Offered Insurance | 1,638,700 (68%) | 176,800 (37%) | 851,700 (76%) | 610,000 (75%) |
| Declined Employer Offer | 309,700 (13%) | 63,100 (13%) | 182,300 (16%) | 64,700 (8%) |
| Accepted Employer Insurance | 1,329,000 (55%) | 113,700 (24%) | 669,400 (60%) | 545,300 (67%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables VII.A.1, VII.A.2, VII.B.1, VII.B.2, VII.B.2.a, VII.B.2.a.(1), http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 12. Establishment and Employee Data by Percent Low-Wage Employees in the United States, 2002

| 2002 | | | | |
|---|---|---|---|---|
| | | Percent Low-Wage Employees | | |
| | Total | 50% or more | Less than 50% | Unknown |
| Establishments in the **United States** | 6,138,000 | 1,844,800 | 3,408,200 | 885,100 |
| Number That Offer Health Insurance | 3,510,972 (57%) | 712,103 (39%) | 2,126,705 (62%) | 669,102 (76%) |
| Employees in the **United States** | 111,437,200 | 22,857,000 | 52,856,300 | 35,723,900 |
| In Establishments That Offer Health Insurance | 98,399,100 (88%) | 16,045,600 (70%) | 47,940,700 (91%) | 34,402,200 (96%) |
| Eligible for Employer-Offered Insurance | 75,865,700 (68%) | 9,322,500 (41%) | 40,653,700 (77%) | 25,870,400 (72%) |
| Declined Employer Offer | 14,414,500 (13%) | 3,402,700 (15%) | 6,911,100 (13%) | 4,061,700 (11%) |
| Accepted Employer Insurance | 61,451,200 (55%) | 5,919,800 (26%) | 33,742,600 (64%) | 21,808,800 (61%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables VII.A.1, VII.A.2, VII.B.1, VII.B.2, VII.B.2.a, VII.B.2.a.(1), http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

The percentage of low-wage employees is also related to the cost of single and family coverage premiums, both in Wisconsin and the United States. However, the pattern appears to be more pronounced nationally than in Wisconsin. For single and family coverage, employers in Wisconsin with 50% or more low-wage employees paid 3% more on average than employers with less than 50% low-wage employees. In contrast, employers nationally with 50% or more low-wage employees paid 8% more for single and family coverage. Detailed findings can be found in Tables 13 and 14 below.

Table 13. Premium and Employer Contribution Data by Percent Low-Wage Employees in Wisconsin, 2002

| 2002 | | | | |
|---|---|---|---|---|
| | | Percent Low-Wage Employees | | |
| | Total | 50% or more | Less than 50% | Unknown |
| Premium Data in **Wisconsin** | | | | |
| Average Annual Premium for Single Coverage | $3,500 | $3,675 | $3,553 | $3,355 |
| Employer Contribution for Single Coverage | 81% | 76% | 81% | 84% |
| Average Annual Premium for Family Coverage | $8,717 | $8,980 | $9,277 | $8,063 |
| Employer Contribution for Family Coverage | 82% | 72% | 80% | 85% |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables VII.C.1, VII.C.3, VII.D.1, and VII.D.3. http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 14. Premium and Employer Contribution Data by Percent Low-Wage Employees in the United States, 2002

| | 2002 | | | |
|---|---|---|---|---|
| | | Percent Low-Wage Employees | | |
| | Total | 50% or more | Less than 50% | Unknown |
| Premium Data in **United States** | | | | |
| Average Annual Premium for Single Coverage | $3,189 | $3,004 | $3,253 | $3,150 |
| Employer Contribution for Single Coverage | 82% | 79% | 84% | 81% |
| Average Annual Premium for Family Coverage | $8,469 | $7,860 | $8,509 | $8,513 |
| Employer Contribution for Family Coverage | 76% | 68% | 76% | 78% |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables VII.C.1, VII.C.3, VII.D.1, and VII.D.3. http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

**Summary**

Overall, employer-based health insurance in Wisconsin compares favorably with the national findings. Within the state, several patterns emerge regarding access to employer-offered insurance and the cost of employer-offered insurance. These patterns generally revolve around the size of the employer and are reflected by the number of employees, the percent of full-time employees and the percent of low-wage employees.

Employees are more likely to be offered health insurance coverage, are more likely to be eligible for health insurance coverage and are more likely to accept employer-offered health insurance coverage if they are employed by a large employer. Less than half of all small employers in Wisconsin, and nationally, offer their employees health insurance coverage. Close to 100% of large employers offer health insurance to their employees. However, both small and large employers contribute approximately 80% towards employees' single and family health insurance premiums. In 2002, small employers in Wisconsin actually contributed more towards their employees' single coverage than did large employers.

Type of employment also impacts access to employer-offered health insurance. In general, retail employment is less likely to provide employer-offered health insurance than other industries. This pattern holds for the years 2000 through 2002 for both Wisconsin and the United States.

Lastly, the larger percentage of full-time employees and/or the smaller percentage of low-wage employees, the greater the likelihood that the establishment will offer health insurance, that the establishment's employees will be eligible for the insurance and that the employees will accept the insurance. Employers with larger percentages of full-time employees and lower percentages of low-wage employees also contribute more towards their employees' health insurance premiums. These patterns are similar in Wisconsin and nationally.

Overall, and as noted in the 1998 MEPS-IC analysis, low-wage employees and employees of small employers continue to have a more difficult time accessing affordable health insurance coverage. Thus, any further State Planning Grant research focusing on small businesses in Wisconsin will only help to address the difficulties these business face when providing health care coverage to their employees and may help to expand health insurance access through employers.

**About the Data**

Background:
The Medical Expenditure Panel Survey (MEPS) is conducted annually by the U.S. Agency for Healthcare Research and Quality (AHRQ). All data in this report is derived from the MEPS Insurance Component, which is a survey of employers. The data in this paper are based on the published MEPS results from 1998 through 2002.

The survey collects data at the establishment level, rather than the firm level. The firm generally refers to the entire company, including the headquarters and all the establishment sites, while the establishment refers to one location or site.

*Definitions:*
Several survey findings are presented by firm size. Small firms are defined as firms with fewer then 50 employees, while large firms have 50 or more employees.

In addition, selected findings are presented by industry category. Each industry category represents the primary business activity of the establishment as reported by the respondent. From 1996 through 1999, the industries were based on SIC (Standard Industrial Classification) codes. Beginning in 2000, the industries were converted to NAICS (the North American Industry Classification System). Even those industry categories that retained the same name may not be comparable due to reclassification of specific businesses from one industry category to another. More information on the SIC and NAICS conversion can be found at the Census Bureau NAICS web site (http://www.census.gov/epcd/www/naics.html).

The survey findings were also grouped by the percent of full-time employees and the percent of low-wage employees. Full-time employment was defined by the respondent, but generally referred to 35 to 40 hours per week. Part-time employment was any employment not defined as full-time by the respondent. The definition of low-wage employees changed beginning in 2000. From 1996 through 1999, a low-wage employee was defined as an employee making $6.50 per hour or less and that rate was not adjusted for increasing wage levels. In 2000, the definition of low-wage was modified to capture the annual increase in wage levels. The new definition of low-wage includes any employee earning at or below the 25$^{th}$ percentile for all hourly wages in the United States based on data from the Bureau of Labor Statistics. The low-wage threshold will be adjusted each year based on the most recent wage data available. For 2000 through 2003, a low-wage employee is defined as someone who makes $9.50 per hour or less.

**APPENDIX IX**

Wisconsin State Planning Grant – Employer-Based Health Coverage in Wisconsin and Nationally

Additional Tables

# 1998-2002

**April 19, 2005**

Prepared by
APS Healthcare, Inc.
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## Table of Content

Table 1. Establishments That Offer Health Insurance by Size in Wisconsin and the United States, 1998

| | 1998 Employer Size | | |
|---|---|---|---|
| | Total | Small | Large |
| Establishments in **Wisconsin** | **130,100** | **102,800** | **27,300** |
| Number That Offer Health Insurance | 73,700 (57%) | 46,800 (46%) | 26,900 (98%) |
| Establishments in the **United States** | **6,197,700** | **4,840,700** | **1,357,000** |
| Number That Offer Health Insurance | 3,421,100 (55%) | 2,115,400 (44%) | 1,306,700 (96%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables I.A.1 and II.A.2. http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 2. Employees in Wisconsin and the United States by Employer Size, 1998

| | 1998 Employer Size | | |
|---|---|---|---|
| | Total | Small | Large |
| Employees in **Wisconsin** | **2,393,400** | **805,200** | **1,588,200** |
| In Establishments That Offer Health Insurance | 2,161,200 (90%) | 585,400 (73%) | 1,575,600 (99%) |
| Eligible for Employer-Offered Insurance | 1,659,800 (69%) | 409,800 (51%) | 1,249,400 (79%) |
| Declined Employer Offer | 267,200 (11%) | 122,100 (15%) | 144,900 (9%) |
| Accepted Employer Insurance | 1,392,600 (58%) | 287,700 (36%) | 1,104,500 (70%) |
| Employees in the **United States** | **110,575,800** | **35,600,500** | **74,975,200** |
| In Establishments That Offer Health Insurance | 96,200,900 (87%) | 23,033,500 (65%) | 73,100,900 (98%) |
| Eligible for Employer-Offered Insurance | 74,651,900 (68%) | 17,459,400 (49%) | 57,091,800 (76%) |
| Declined Employer Offer | 10,973,800 (10%) | 3,474,400 (10%) | 7,536,100 (10%) |
| Accepted Employer Insurance | 63,678,100 (58%) | 13,985,000 (39%) | 49,555,700 (66%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables II.B.1, II.B.2, II.B.2.a. and II.B.2.a http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 3. Employees Who Accept or Decline Offered Health Insurance by Employer Size for Wisconsin and the United States, 1999

| | 1999 | | |
|---|---|---|---|
| | | Employer Size | |
| | Total | Small | Large |
| Employees in **Wisconsin** | **2,500,700** | **787,900** | **1,712,800** |
| Declined Employer Offer | 366,600 (15%) | 120,100 (15%) | 246,200 (14%) |
| Accepted Employer Insurance | 1,370,900 (55%) | 321,600 (41%) | 1,049,500 (61%) |
| Employees in the **United States** | **111,072,200** | **33,318,400** | **77,753,800** |
| Declined Employer Offer | 13,750,700 (12%) | 3,474,100 (10%) | 10,306,700 (13%) |
| Accepted Employer Insurance | 63,937,000 (58%) | 14,341,800 (43%) | 49,616,000 (64%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables II.B.1, II.B.2, II.B.2.a. and II.B.2.a http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 4. Employees Who Accept or Decline Offered Health Insurance by Employer Size for Wisconsin and the United States, 2000

| | 2000 | | |
|---|---|---|---|
| | | Employer Size | |
| | Total | Small | Large |
| Employees in **Wisconsin** | **2,394,200** | **739,200** | **1,655,000** |
| Declined Employer Offer | 316,300 (13%) | 91,000 (12%) | 224,600 (14%) |
| Accepted Employer Insurance | 1,357,400 (57%) | 261,800 (35%) | 1,096,300 (66%) |
| Employees in the **United States** | **112,021,100** | **32,331,200** | **79,690,000** |
| Declined Employer Offer | 14,855,000 (13%) | 3,662,000 (11%) | 11,164,200 (14%) |
| Accepted Employer Insurance | 64,160,900 (57%) | 13,611,400 (42%) | 50,516,500 (63%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables II.B.1, II.B.2, II.B.2.a. and II.B.2.a http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 5. Employees Who Accept or Decline Offered Health Insurance by Employer Size for Wisconsin and the United States, 2001

| | 2001 | | |
|---|---|---|---|
| | | Employer Size | |
| | Total | Small | Large |
| Employees in **Wisconsin** | **2,484,000** | **738,400** | **1,745,600** |
| Declined Employer Offer | 457,500 (18%) | 89,600 (12%) | 367,700 (21%) |
| Accepted Employer Insurance | 1,256,100 (51%) | 267,300 (36%) | 989,200 (57%) |
| Employees in the **United States** | **114,489,000** | **31,840,900** | **82,648,000** |
| Declined Employer Offer | 15,998,000 (14%) | 3,501,600 (11%) | 12,534,400 (15%) |
| Accepted Employer Insurance | 63,200,000 (55%) | 12,414,900 (39%) | 50,770,700 (61%) |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables II.B.1, II.B.2, II.B.2.a. and II.B.2.a http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 6. Employees Eligible for Employer-Offered Insurance by Industry in Wisconsin and the United States, 2000

| | 2000 | |
|---|---|---|
| | Percent of All Employees | Percent of Employees Eligible for Employer-Offered Insurance |
| **Wisconsin** | | |
| Agriculture, Fishing, Forestry & Construction | 7% | 8% |
| Mining and Manufacturing | 21% | 25% |
| Retail, Other Services & Unknown | 34% | 25% |
| Professional Services | 18% | 18% |
| All Others | 20% | 23% |
| **Total** | **100%** | **100%** |
| **United States** | | |
| Agriculture, Fishing, Forestry & Construction | 7% | 7% |
| Mining and Manufacturing | 15% | 18% |
| Retail, Other Services & Unknown | 37% | 31% |
| Professional Services | 21% | 22% |
| All Others | 20% | 22% |
| **Total** | **100%** | **100%** |
| Note: Percents may not sum to 100 due to rounding. | | |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables V.B.1, V.B.1.a. and V.B.2.a http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

Table 7. Employees Eligible for Employer-Offered Insurance by Industry in Wisconsin and the United States, 2001

| | 2001 | |
|---|---|---|
| | Percent of All Employees | Percent of Employees Eligible for Employer-Offered Insurance |
| **Wisconsin** | | |
| Agriculture, Fishing, Forestry & Construction | 5% | 5% |
| Mining and Manufacturing | 21% | 25% |
| Retail, Other Services & Unknown | 35% | 27% |
| Professional Services | 25% | 26% |
| All Others | 15% | 16% |
| **Total** | **100%** | **100%** |
| **United States** | | |
| Agriculture, Fishing, Forestry & Construction | 7% | 7% |
| Mining and Manufacturing | 15% | 17% |
| Retail, Other Services & Unknown | 37% | 30% |
| Professional Services | 22% | 23% |
| All Others | 20% | 23% |
| **Total** | **100%** | **100%** |
| Note: Percents may not sum to 100 due to rounding. | | |

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Cost and Financing Studies. Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) Tables V.B.1, V.B.1.a. and V.B.2.a http://www.meps.ahrq.gov/Data_Pub/IC_Tables.htm.

**APPENDIX X**

Wisconsin State Planning Grant – Employer-Based Health Coverage in Wisconsin and Nationally

Chart Pack

# 1998-2002

**April 19, 2005**

Prepared by
APS Healthcare, Inc.
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***Chart 1***

## Total Establishments in Wisconsin

*by Employer Size (in thousands)*


***Chart 2***

## Percent of Establishments Offering Health Insurance in Wisconsin and the U.S.

*by Employer Size*

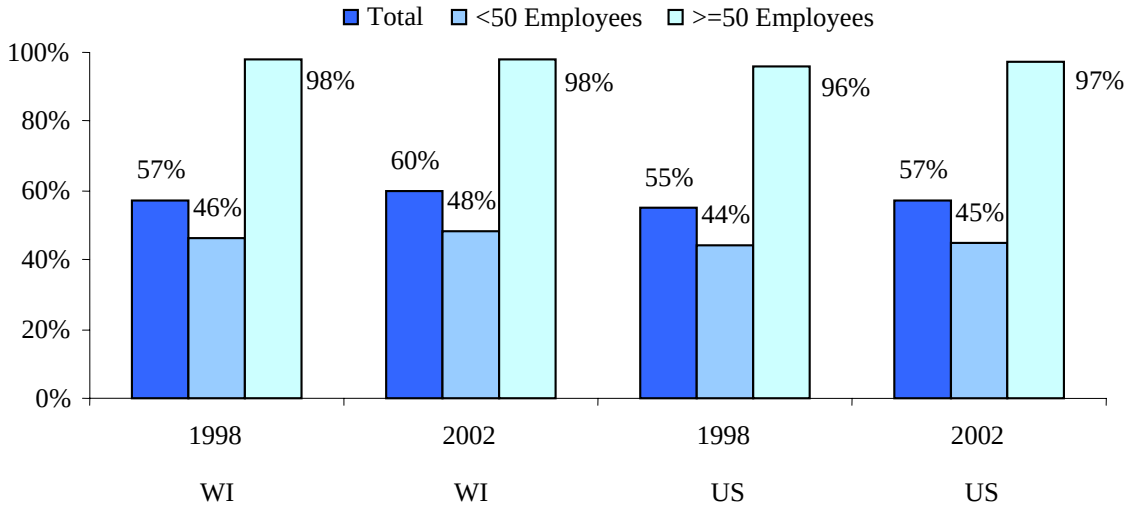


***Chart 3***

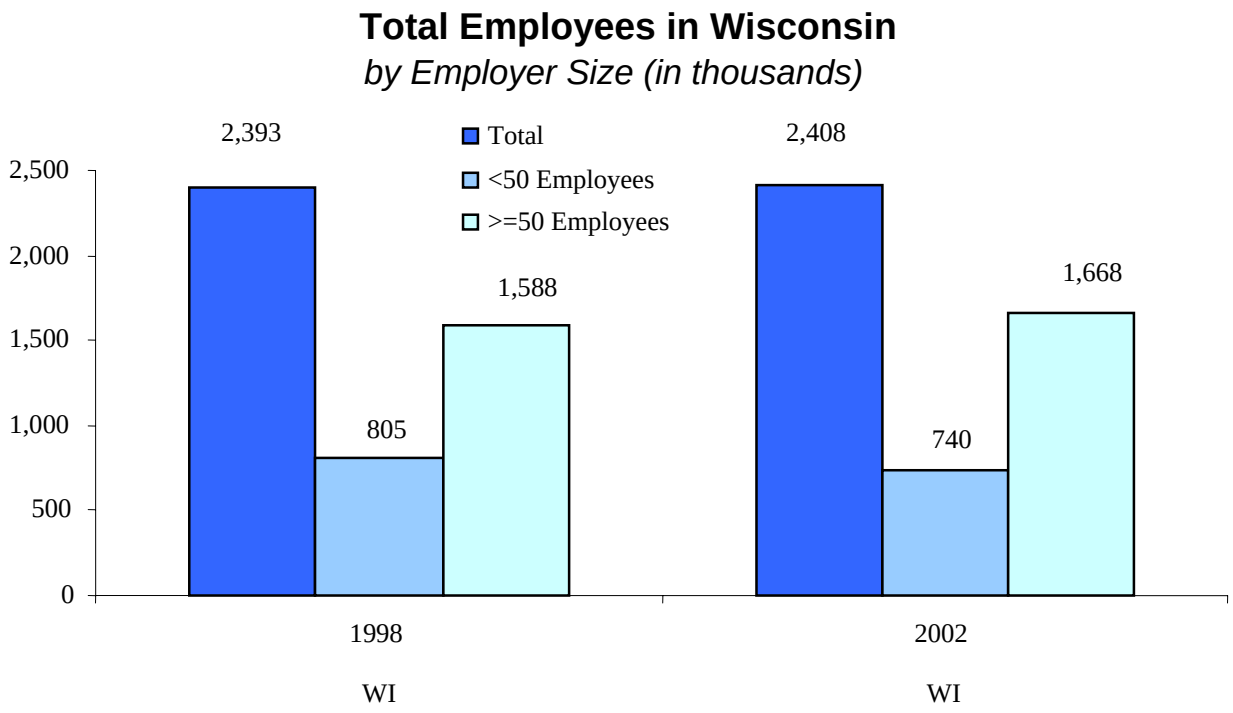



***Chart 4***

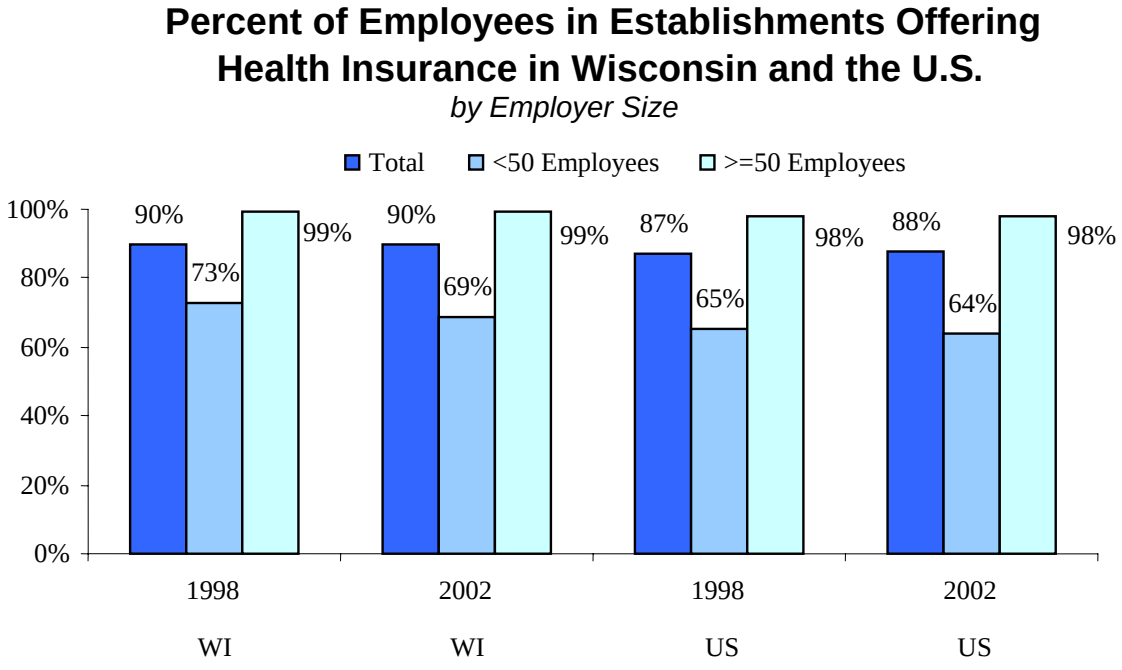


***Chart 5***

## Percent of Employees Eligible for Employer-Offered Health Insurance in Wisconsin and the U.S.

*by Employer Size*

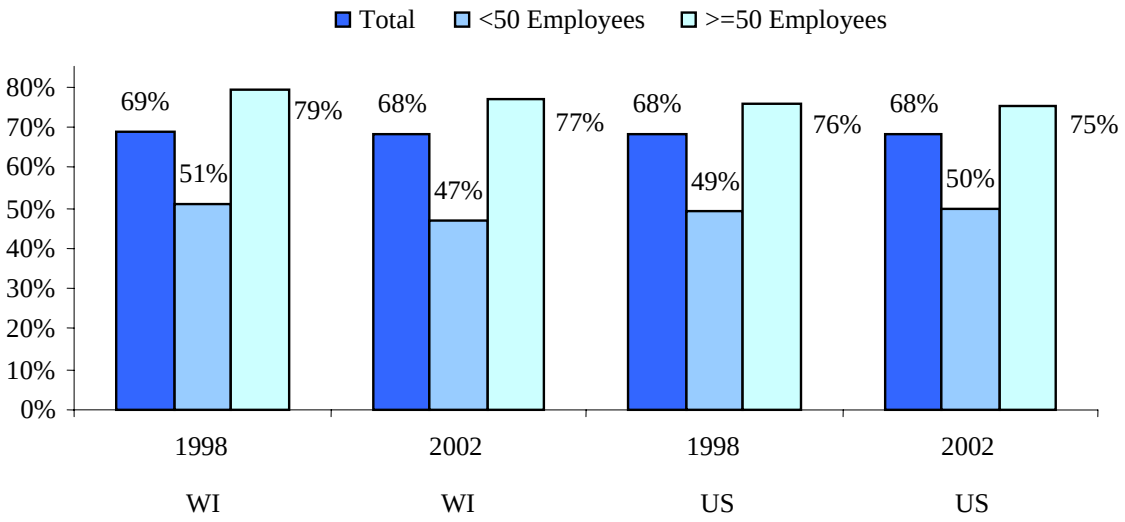



***Chart 6***

## Percent of Employees Declining Employer-Offered Health Insurance in Wisconsin and the U.S.

*by Employer Size*

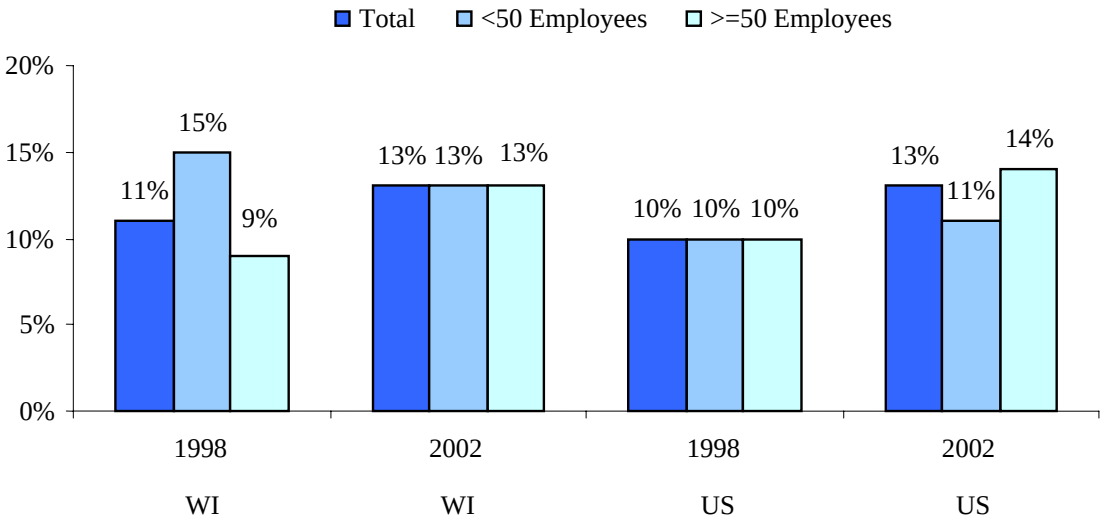


***Chart 7***

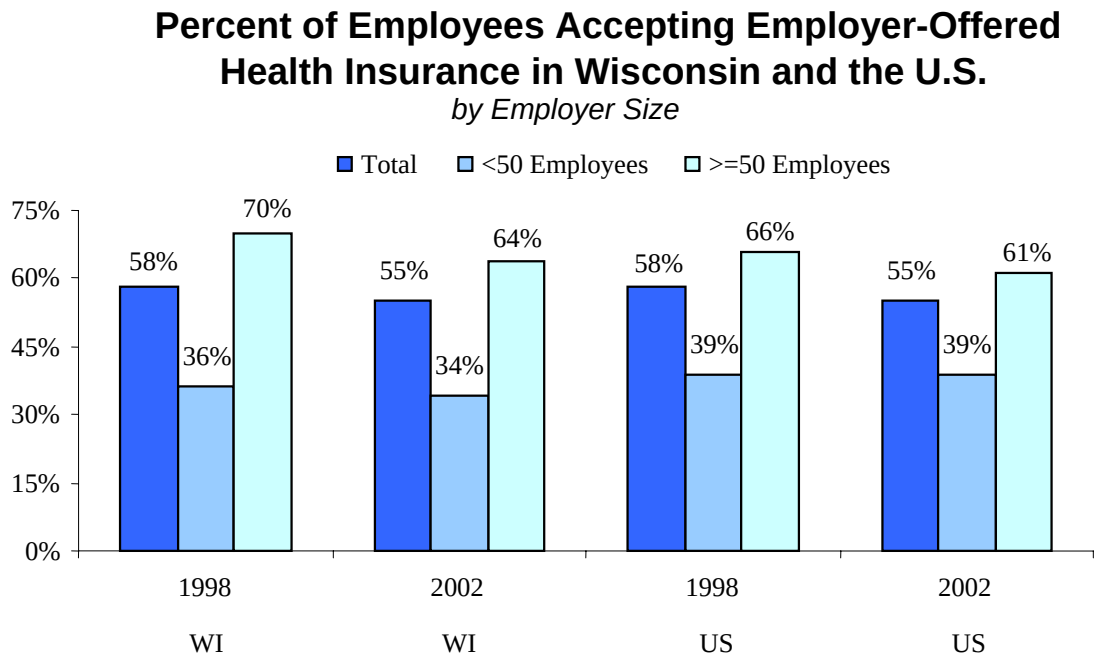



***Chart 8***

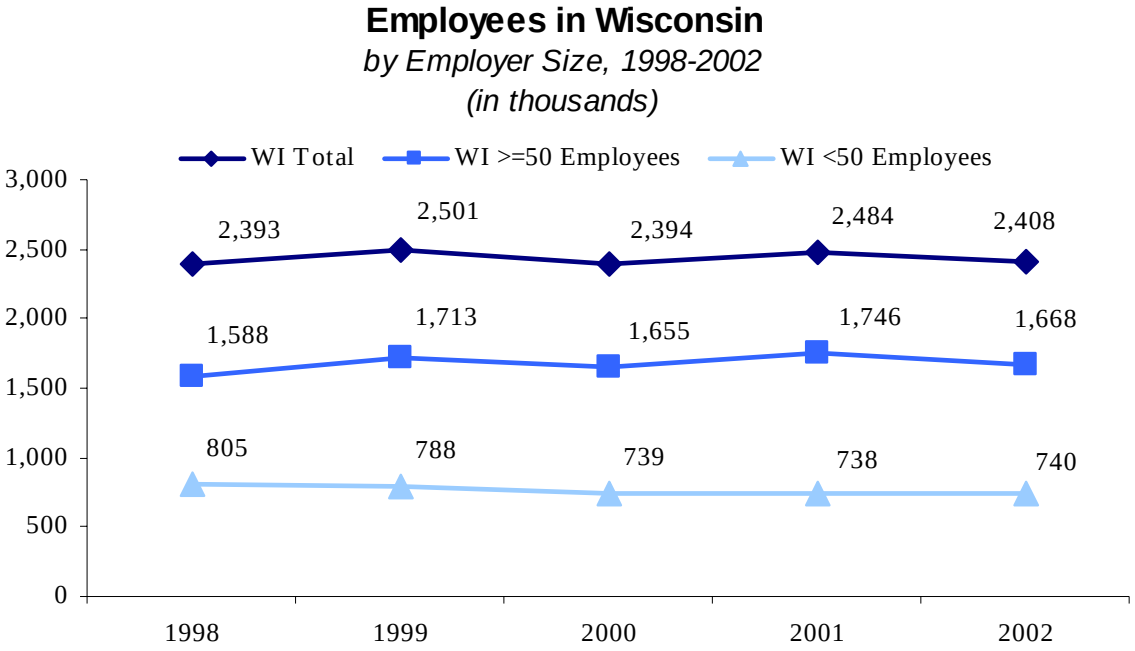


***Chart 9***

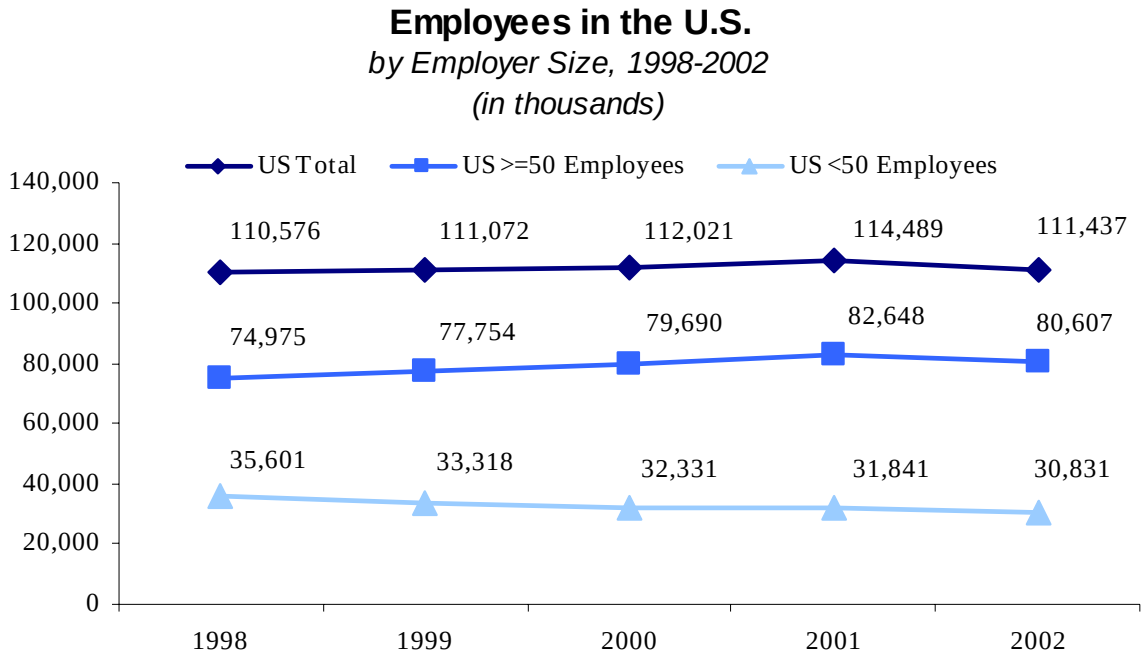



***Chart 10***

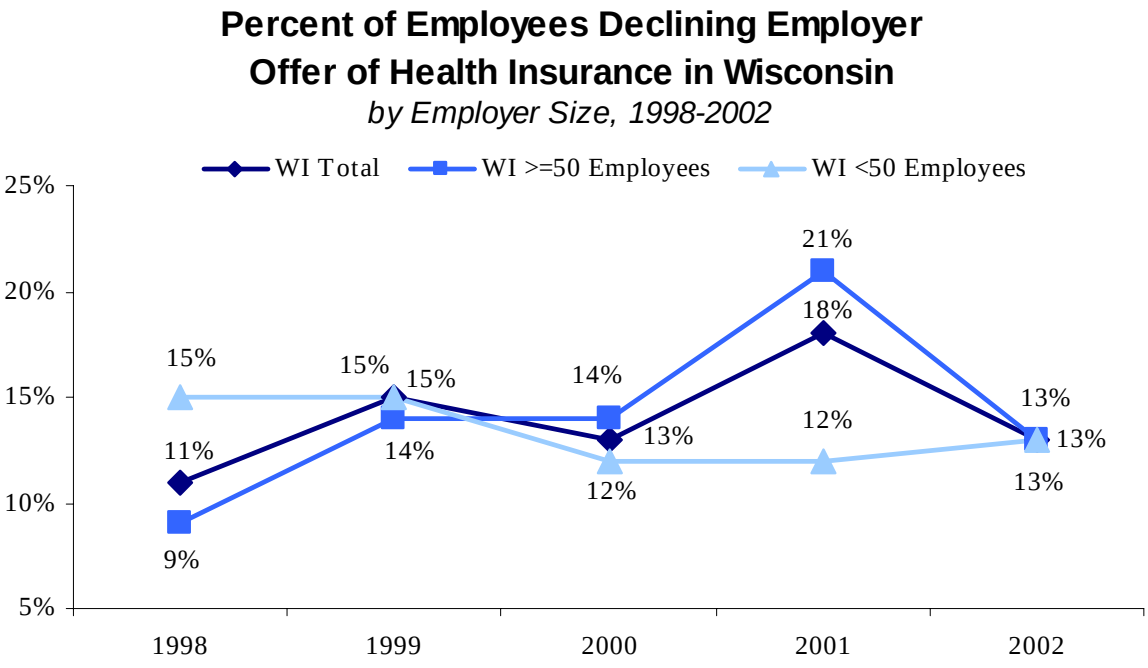


***Chart 11***

**Percent of Employees Declining Employer Offer of Health Insurance in the U.S.**

*by Employer Size, 1998-2002*

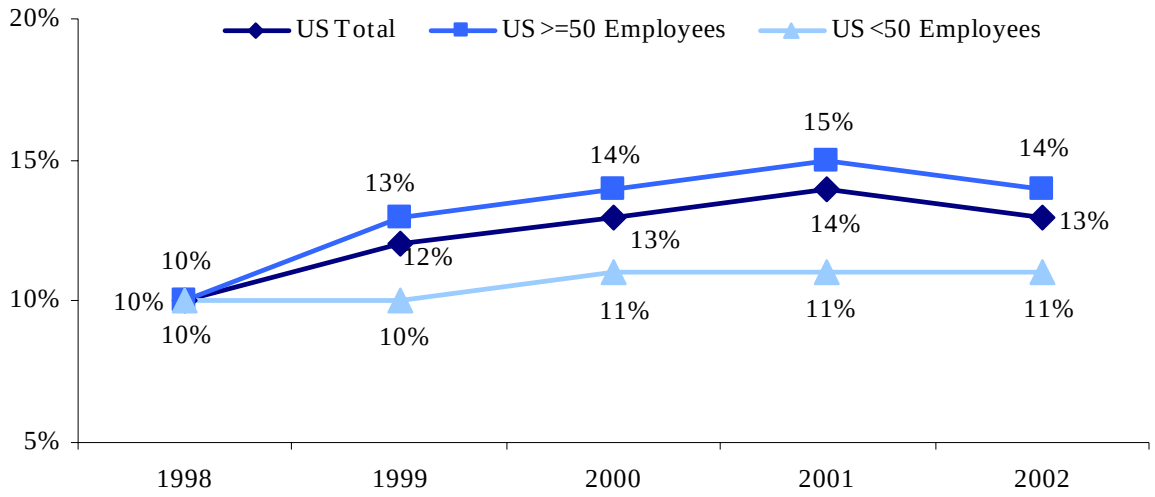



***Chart 12***

**Percent of Employees Accepting Employer Offer of Health Insurance in Wisconsin**

*by Employer Size, 1998-2002*

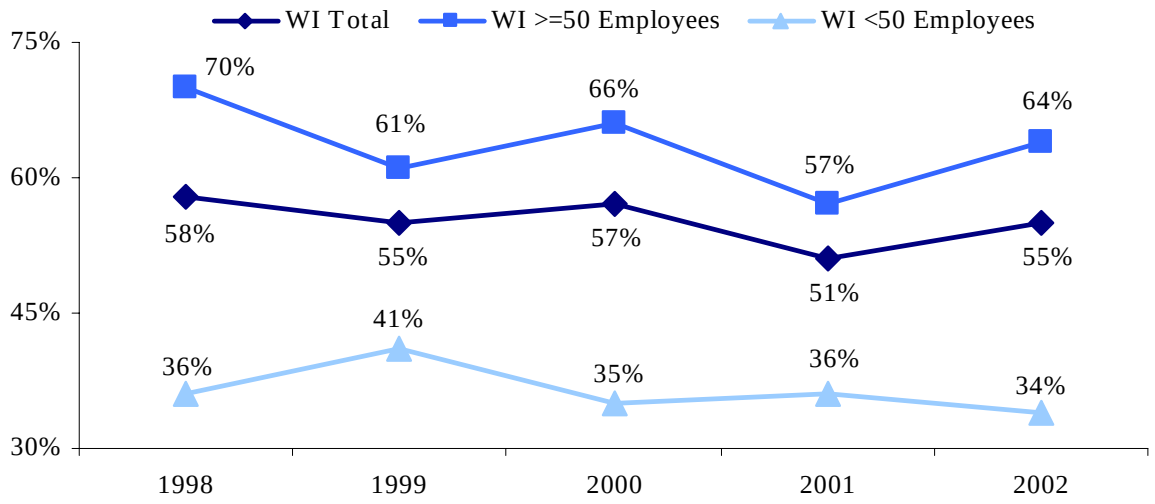


***Chart 13***

**Percent of Employees Accepting Employer Offer of Health Insurance in the U.S.**

*by Employer Size, 1998-2002*

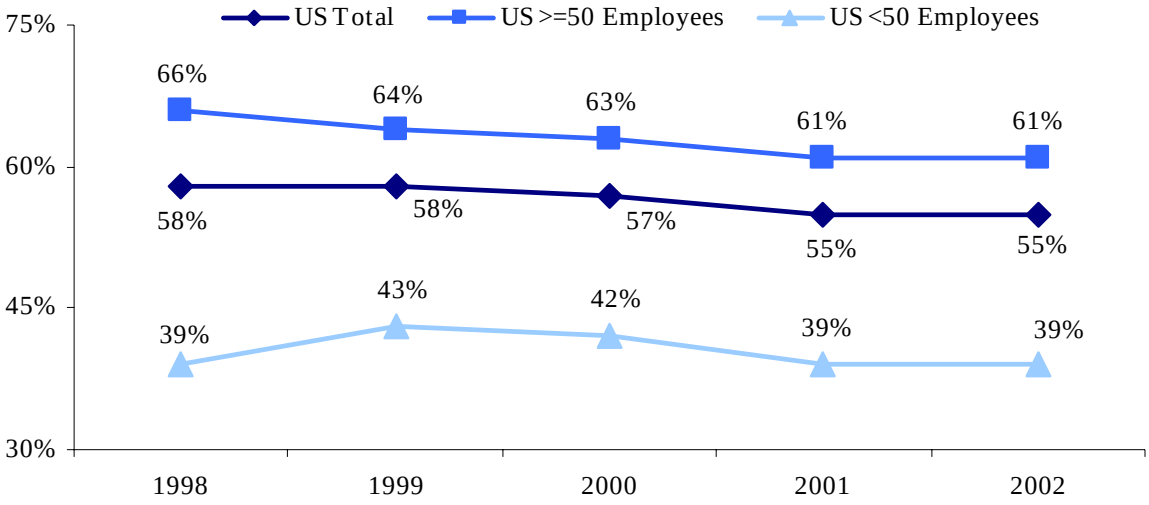



***Chart 14***

**Percent of Employees by Industry in Wisconsin and the U.S., 2000-2002**

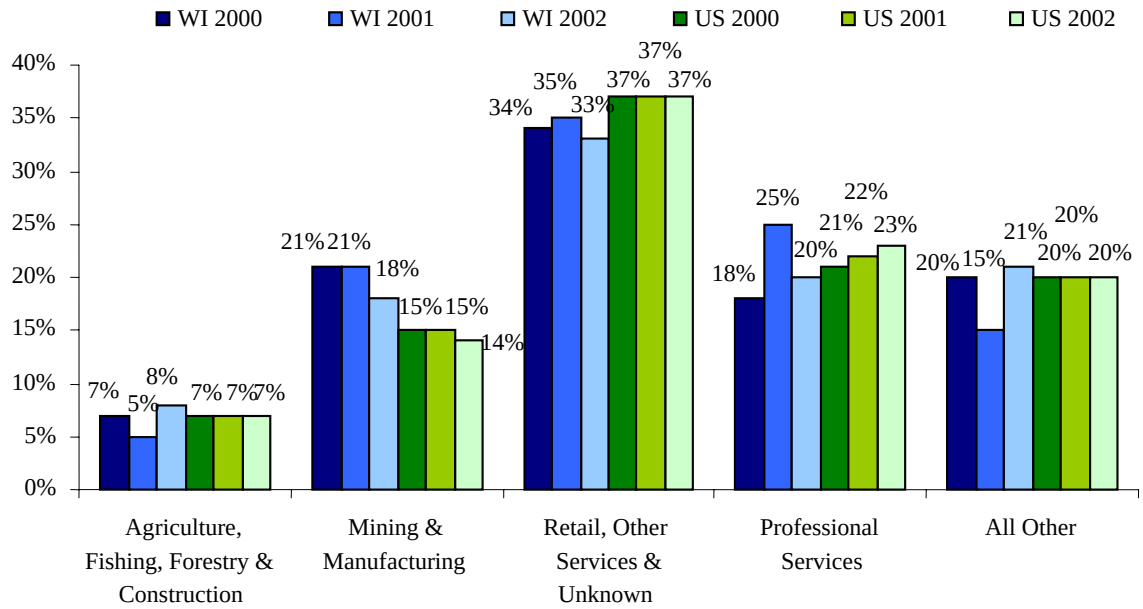


***Chart 15***

**Percent of Employees Eligible for Employer-Offered Insurance by Industry in Wisconsin and the U.S., 2000-2002**

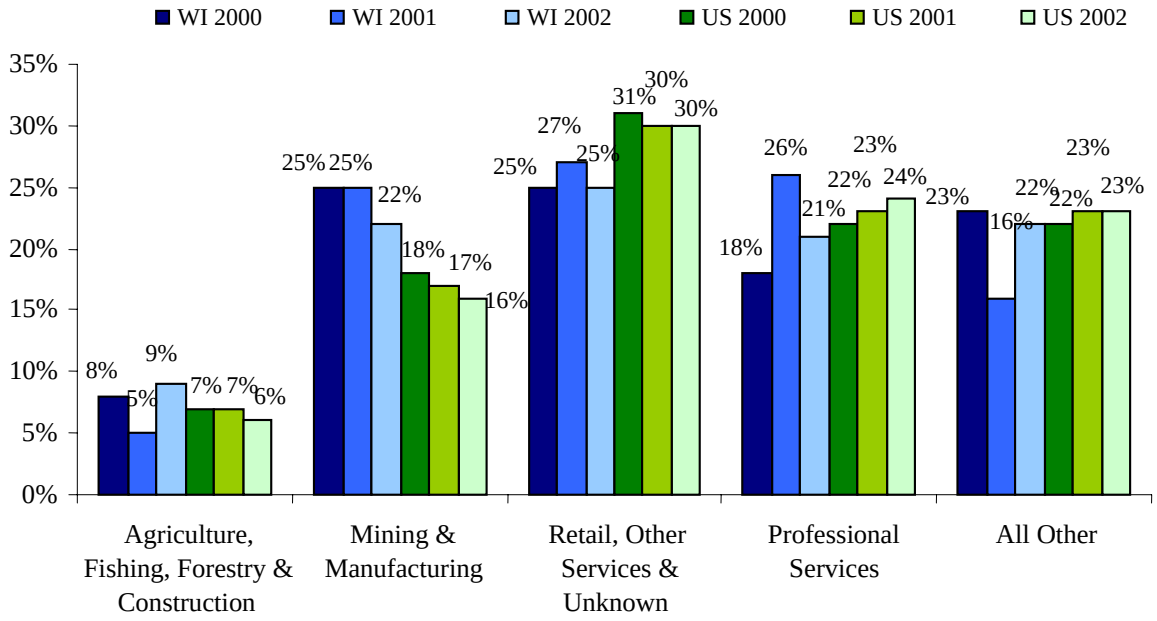



***Chart 16***

**Average Annual Premium for Single Coverage in WI**

*by Employer Size, 1998-2002*

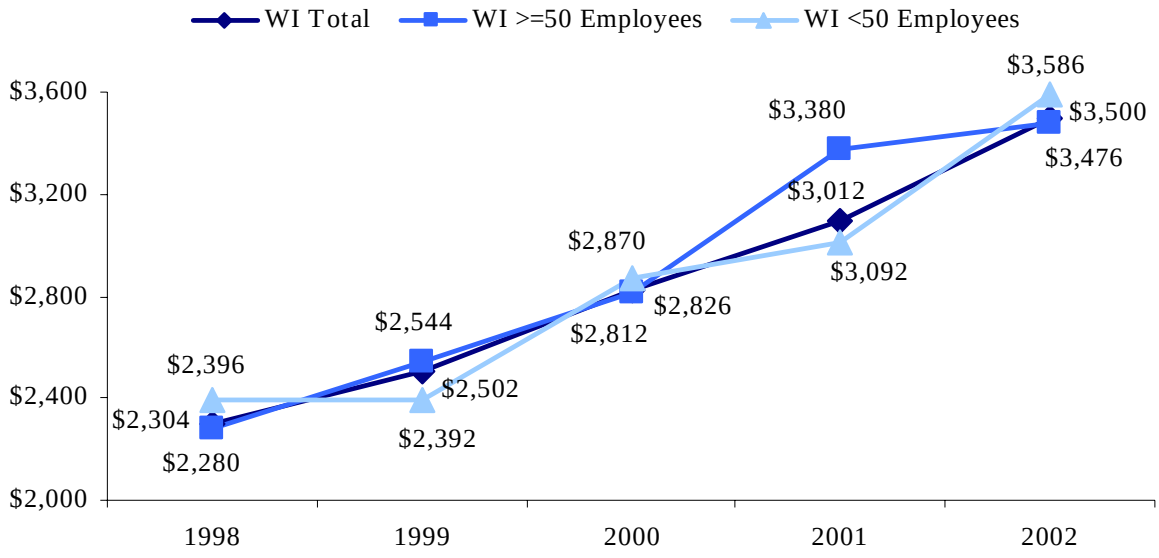


***Chart 17***

## Average Annual Premium for Single Coverage U.S.

*by Employer Size, 1998-2002*

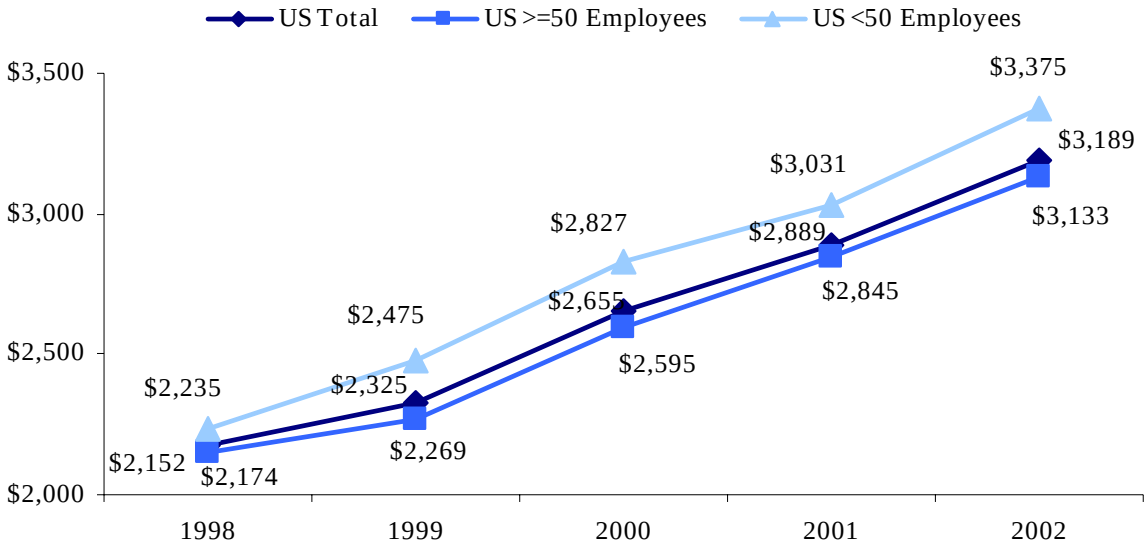



***Chart 18***

## Average Annual Premium for Family Coverage in WI

*by Employer Size, 1998-2002*

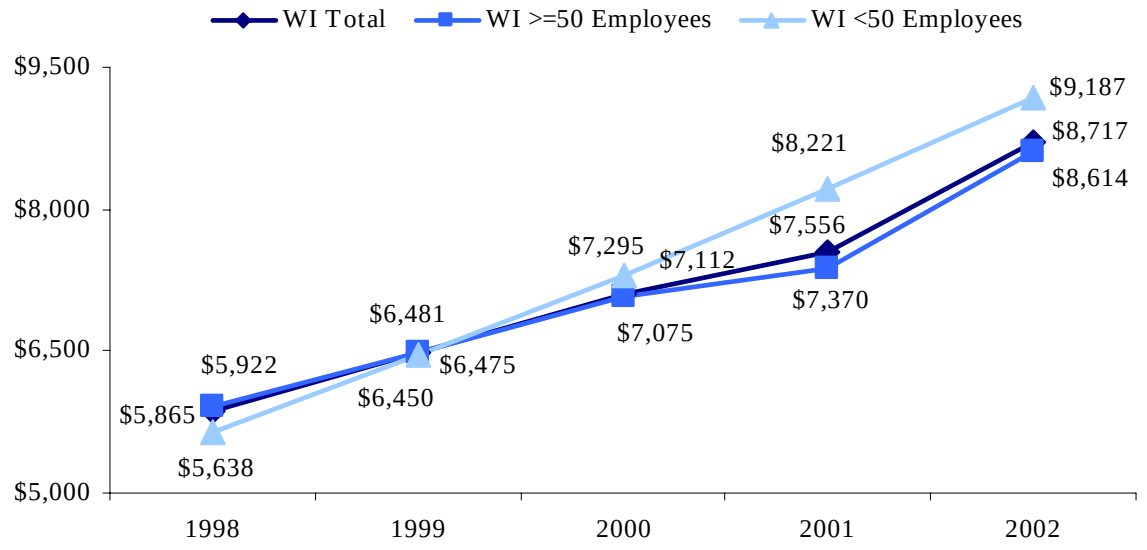


***Chart 19***

## Average Annual Premium for Family Coverage U.S.

*by Employer Size, 1998-2002*

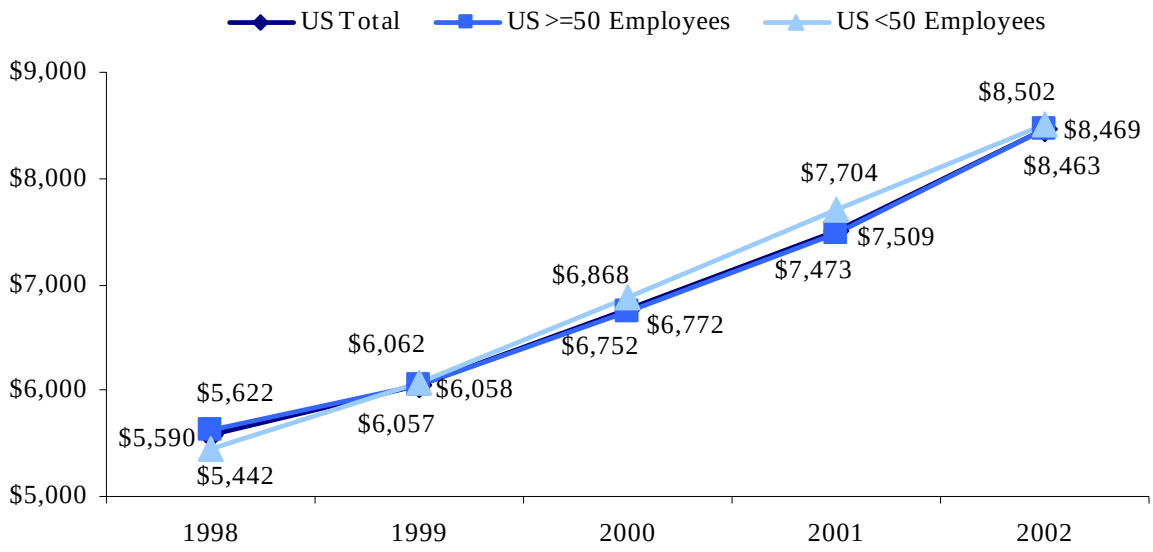



***Chart 20***

## Percent of Total Premiums Contributed by Employer for Single Coverage in Wisconsin

*by Employer Size, 1998-2002*

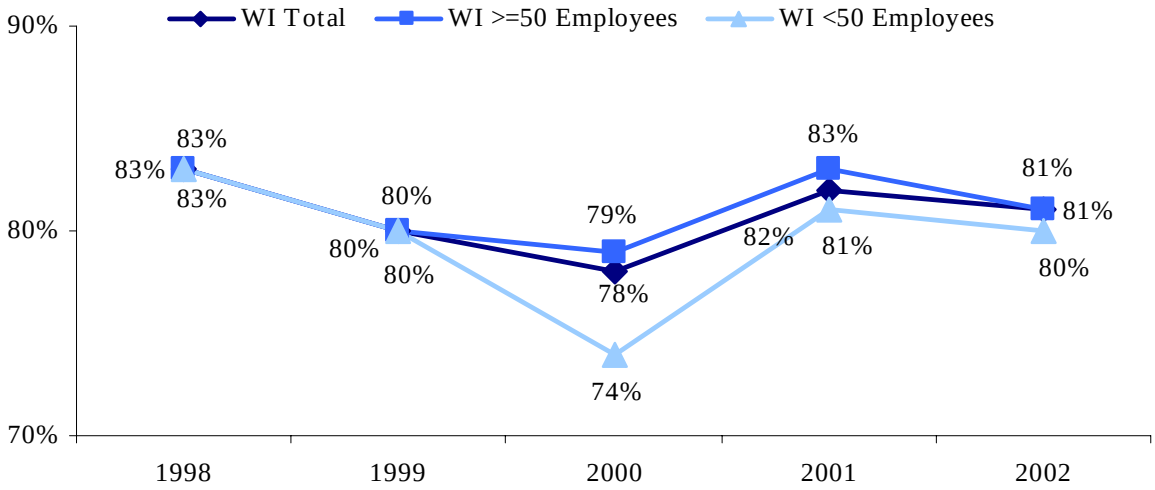


***Chart 21***

**Percent of Total Premiums Contributed by Employer for Single Coverage in the U.S.**

*by Employer Size, 1998-2002*

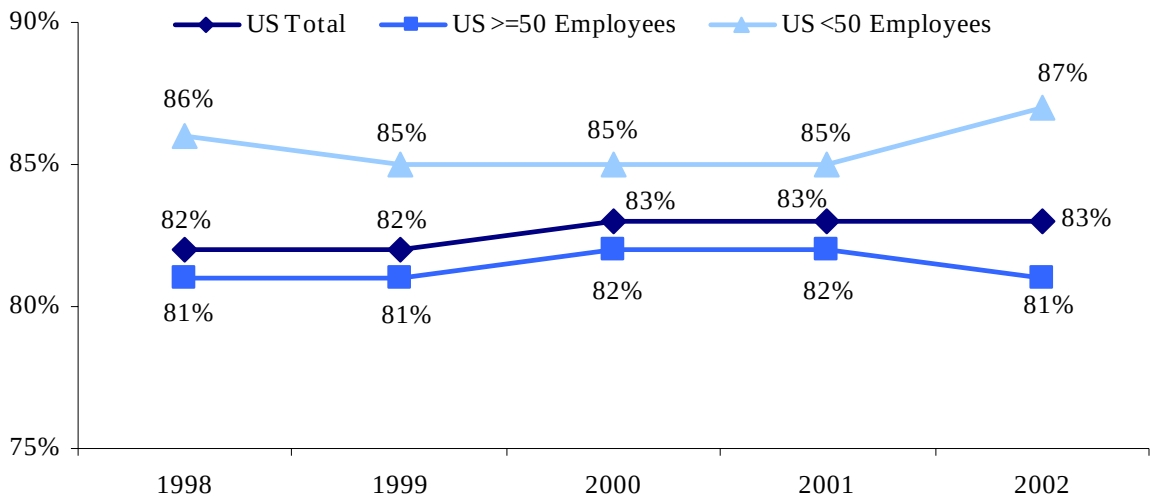



***Chart 22***

**Percent of Total Premiums Contributed by Employer for Family Coverage in Wisconsin**

*by Employer Size, 1998-2002*

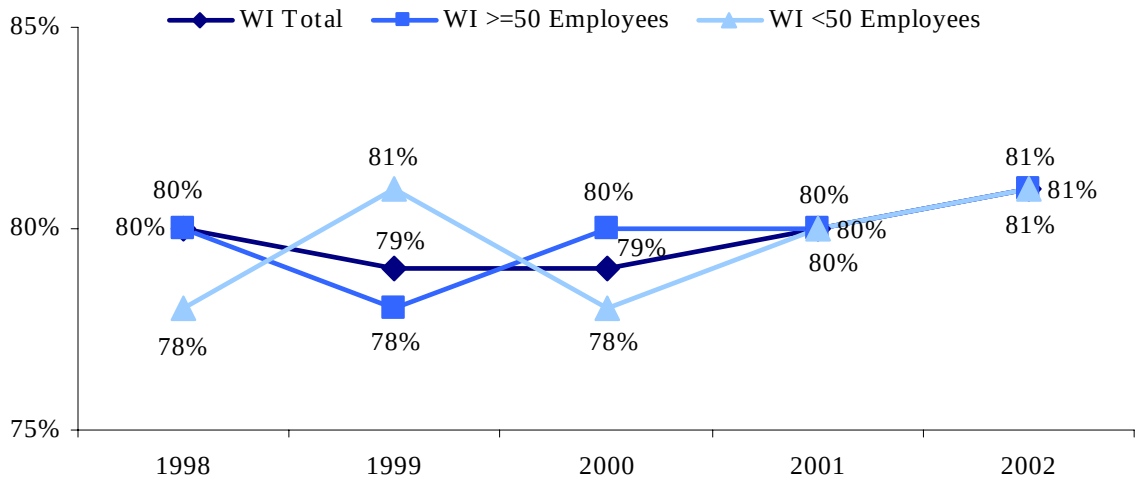


***Chart 23***

**Percent of Total Premiums Contributed by Employer for Family Coverage in the U.S.**

*by Employer Size, 1998-2002*

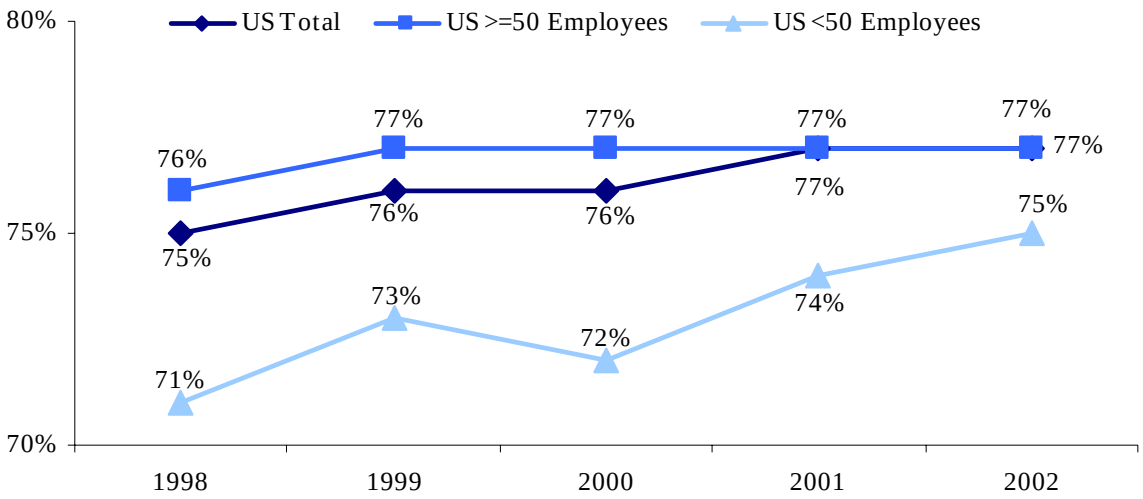



***Chart 24***

**Establishments in Wisconsin**

*by Percent Full-Time Employees, 2002 (in thousands)*

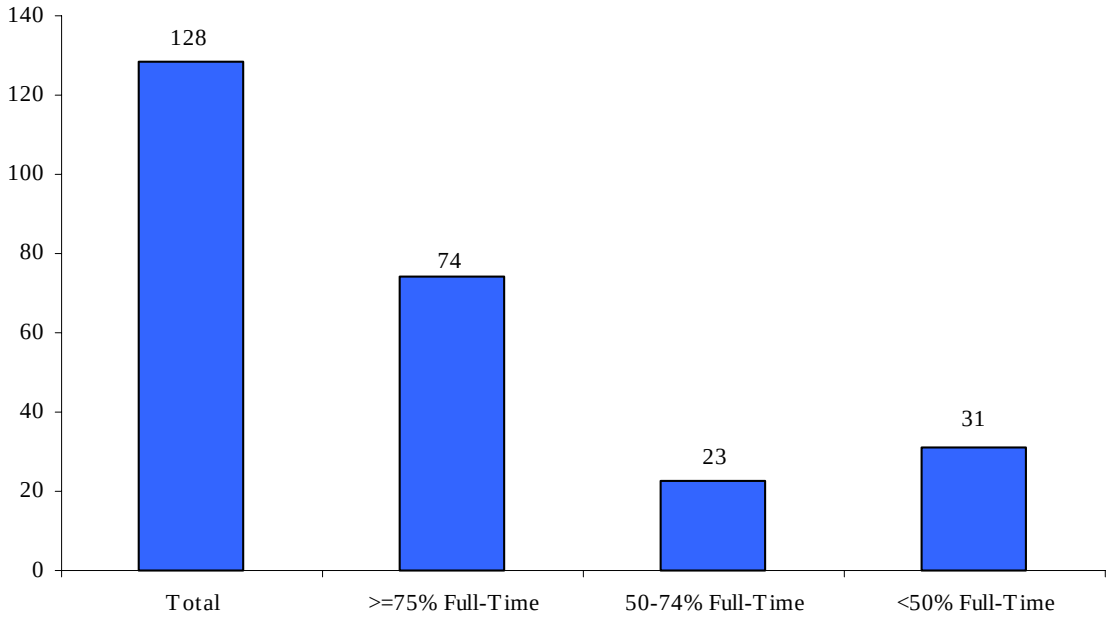
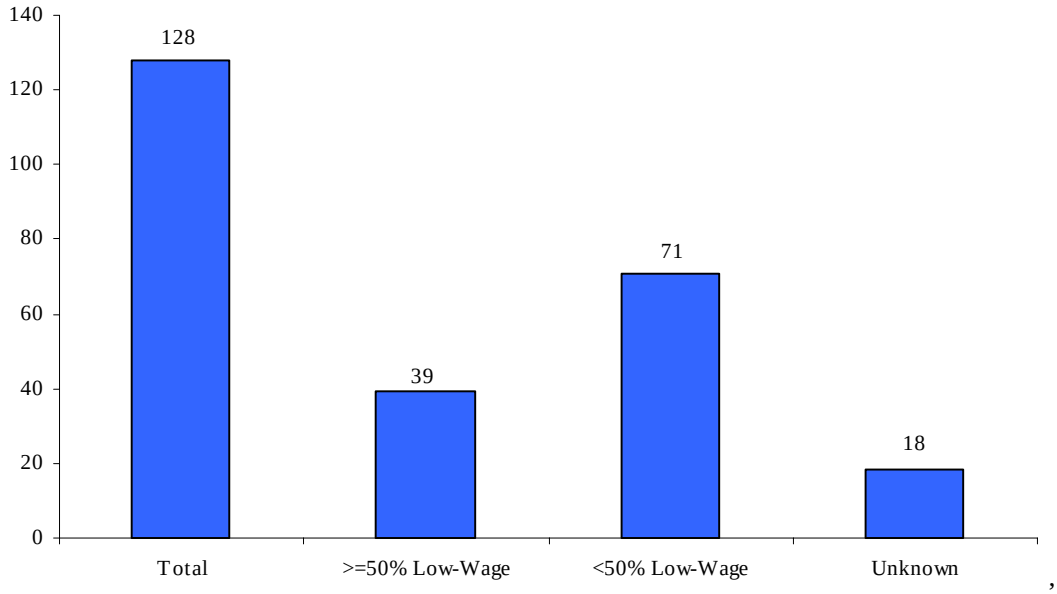


***Chart 25***

**Establishments in Wisconsin**

*by Percent Low-Wage Employees, 2002 (in thousands)*




,

***Chart 26***

**Percent of Establishments in Wisconsin & the U.S.**
**Offering Health Insurance**

*by Percent Full-Time Employees, 2002*

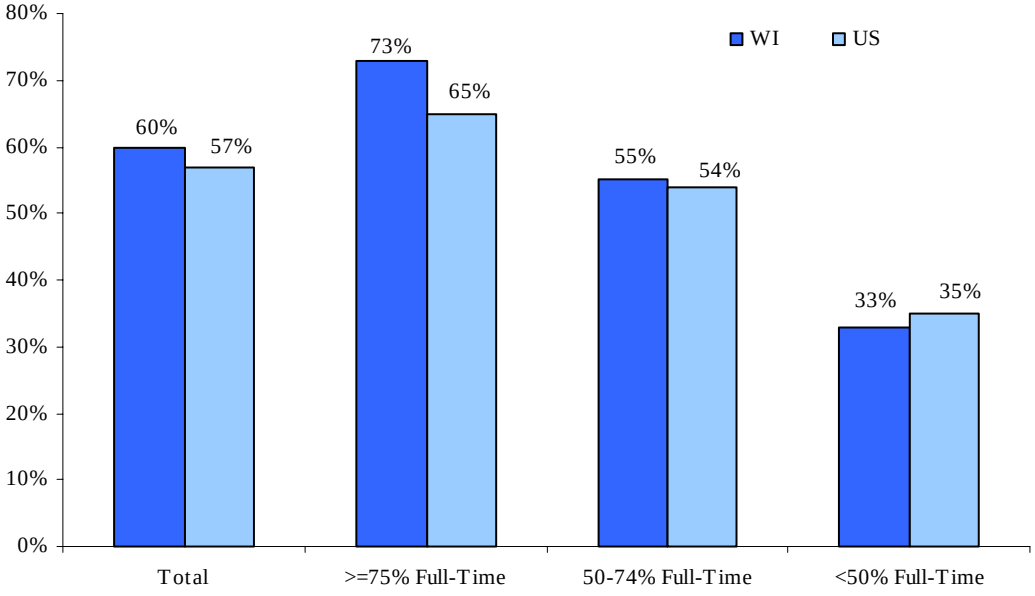


***Chart 27***

**Percent of Establishments in Wisconsin & the U.S.**
**Offering Health Insurance**
*by Percent Low-Wage Employees, 2002*

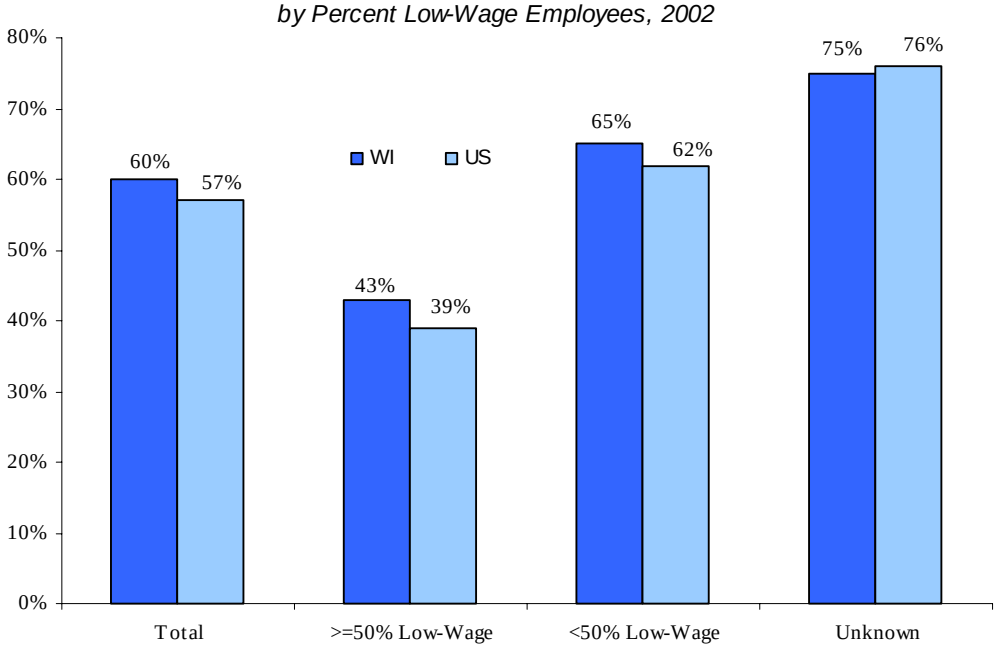



***Chart 28***

**Employees in Wisconsin**
*by Percent Full-Time Employees, 2002 (in thousands)*

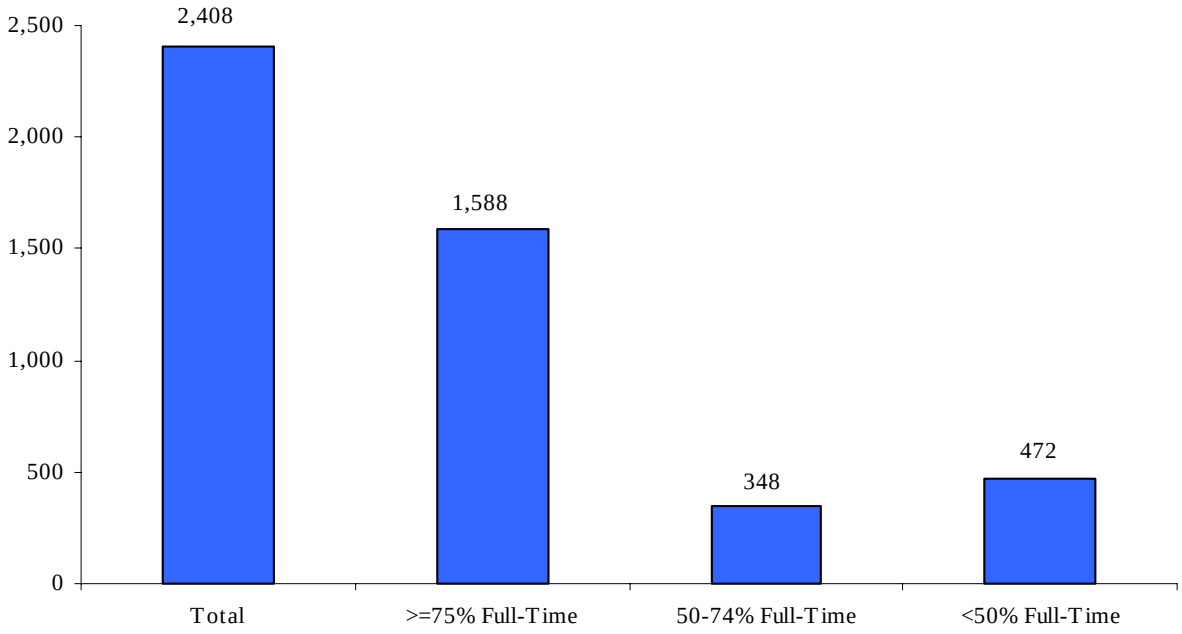


***Chart 29***

**Employees in Wisconsin**

*by Percent Low-Wage Employees, 2002 (in thousands)*

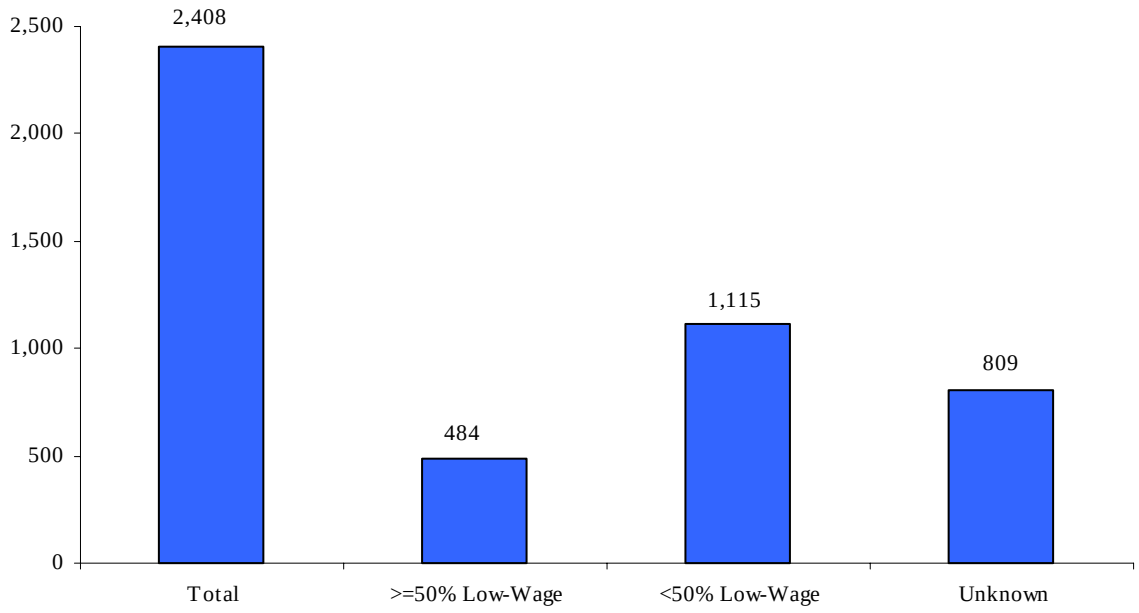



***Chart 30***

**Percent of Employees in Wisconsin & the U.S. in Establishments Offering Health Insurance**

*by Percent Full-Time Employees, 2002*

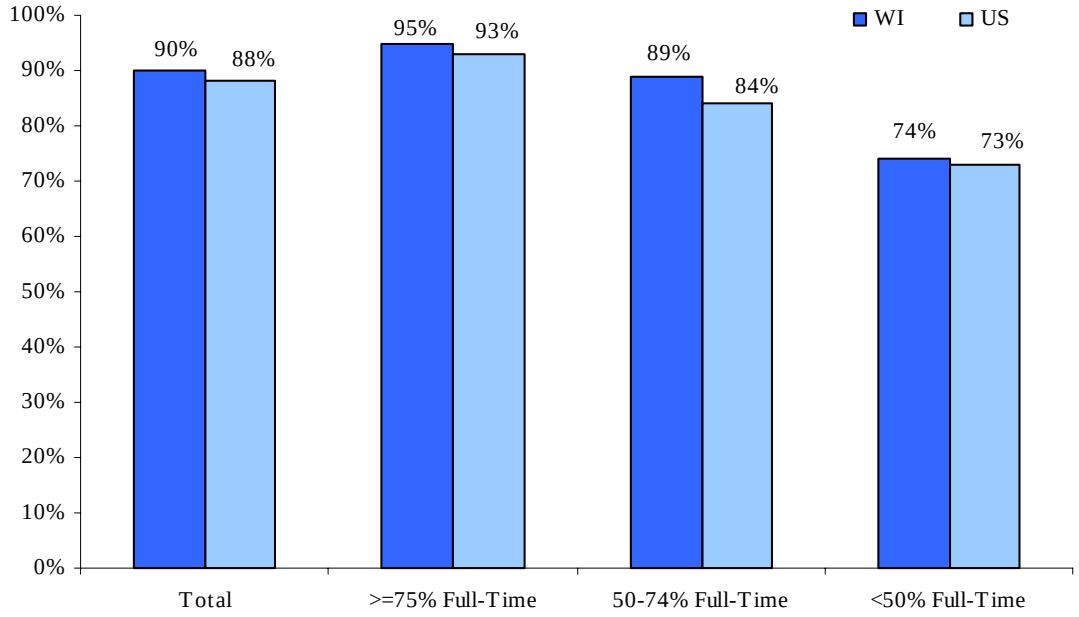


***Chart 31***

**Percent of Employees in Wisconsin & the U.S. in Establishments Offering Health Insurance**

*by Percent Low-Wage Employees, 2002*

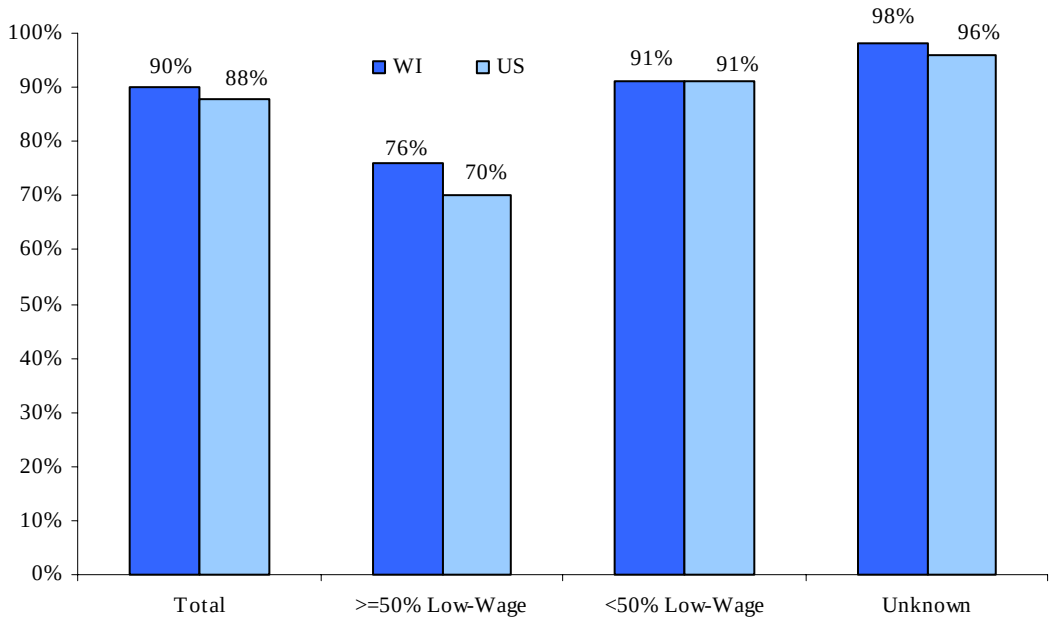



***Chart 32***

**Percent of Employees in Wisconsin & the U.S. Eligible for Employer-Offered Health Insurance**

*by Percent Full-Time Employees, 2002*

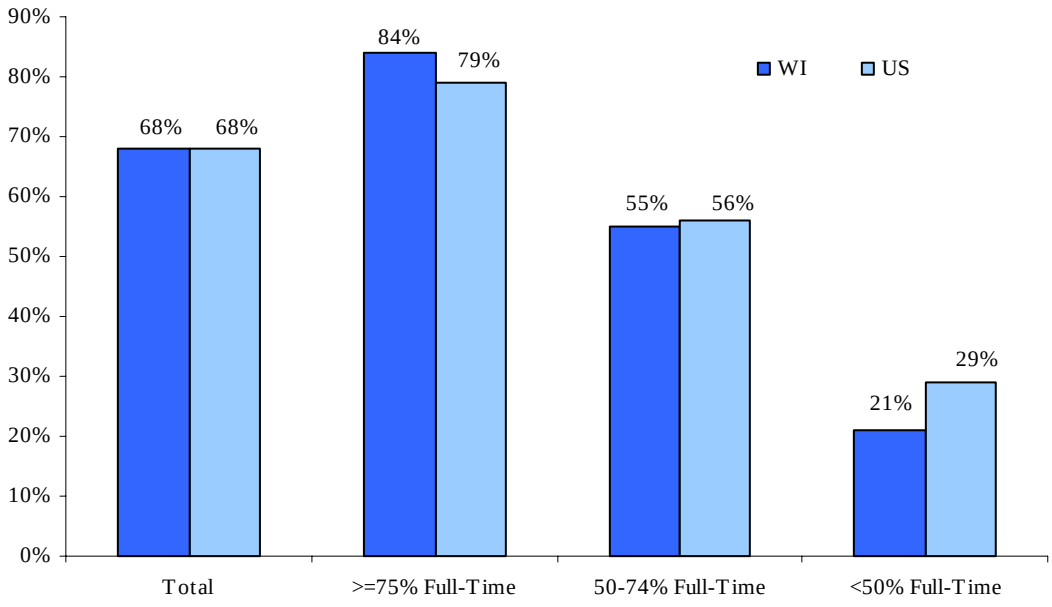


***Chart 33***

**Percent of Employees in Wisconsin & the U.S. Eligible for Employer-Offered Health Insurance**

*by Percent Low-Wage Employees, 2002*

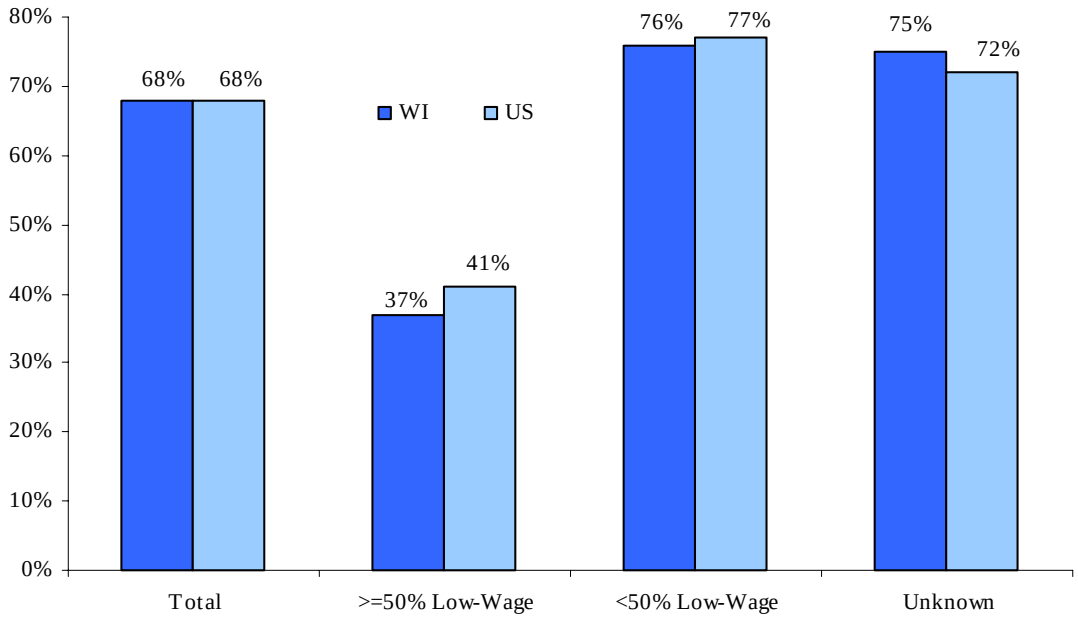



***Chart 34***

**Percent of Employees in Wisconsin & the U.S. Accepting Employer-Offered Health Insurance**

*by Percent Full-Time Employees, 2002*

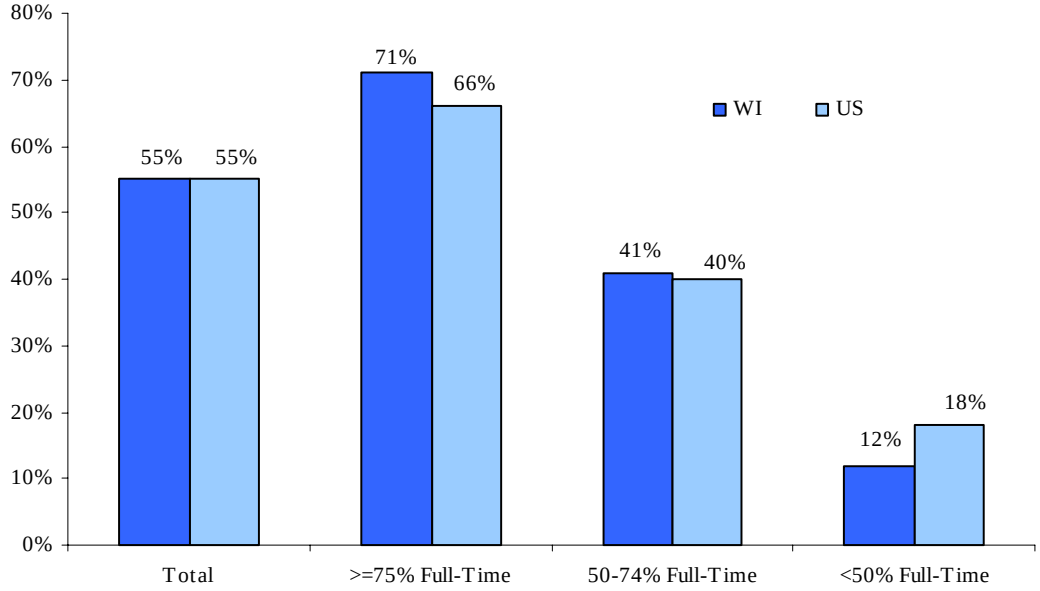


***Chart 35***

**Percent of Employees in Wisconsin & the U.S. Accepting Employer-Offered Health Insurance**

*by Percent Low-Wage Employees, 2002*

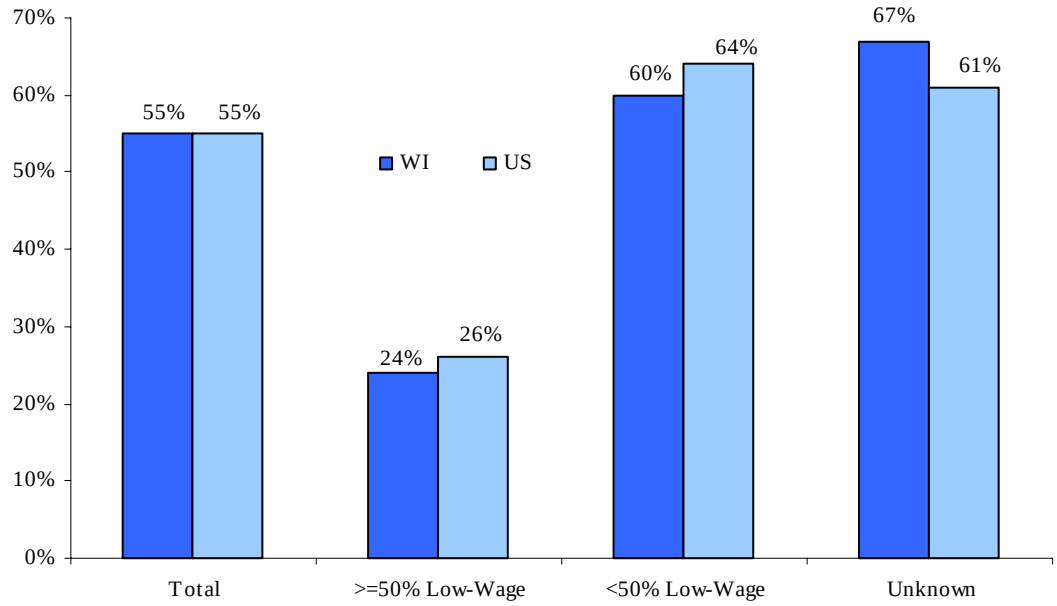



***Chart 36***

**Percent of Employees in Wisconsin & the U.S. Declining Employer-Offered Health Insurance**

*by Percent Full-Time Employees, 2002*

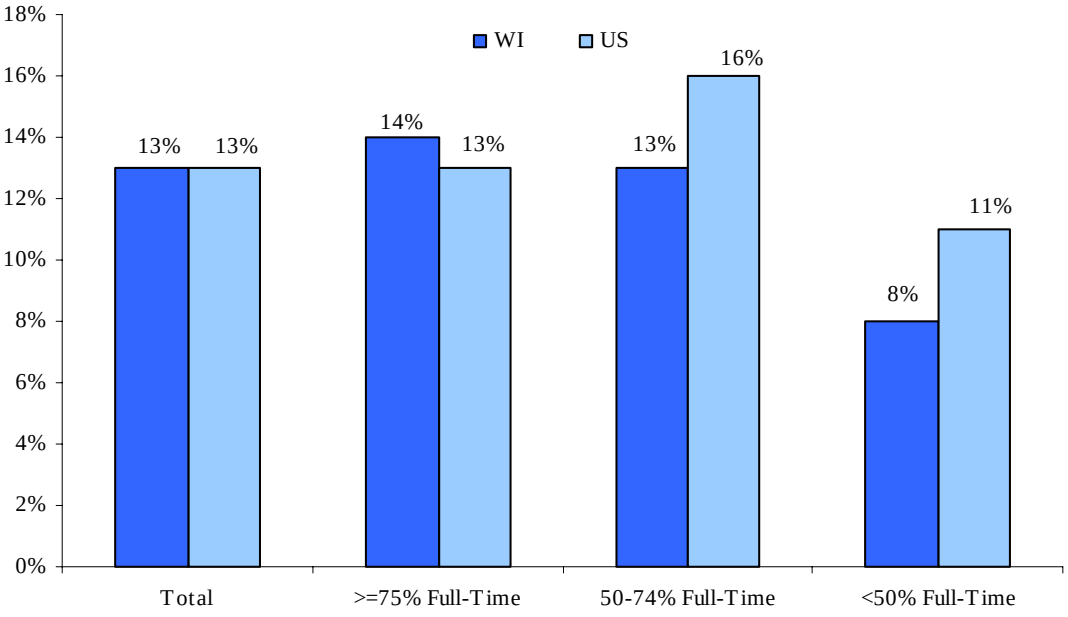


***Chart 37***

**Percent of Employees in Wisconsin & the U.S. Declining Employer-Offered Health Insurance**

*by Percent Low-Wage Employees, 2002*

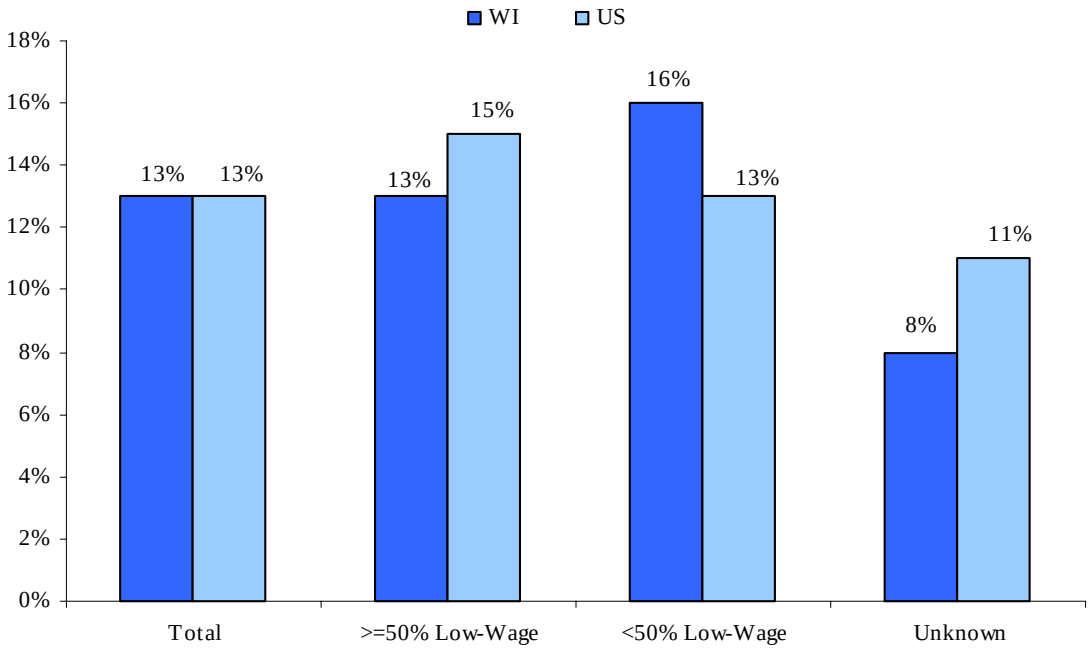



***Chart 38***

**Average Annual Premium for Single Coverage in Wisconsin and the U.S.**

*by Percent Full-Time Employees, 2002*

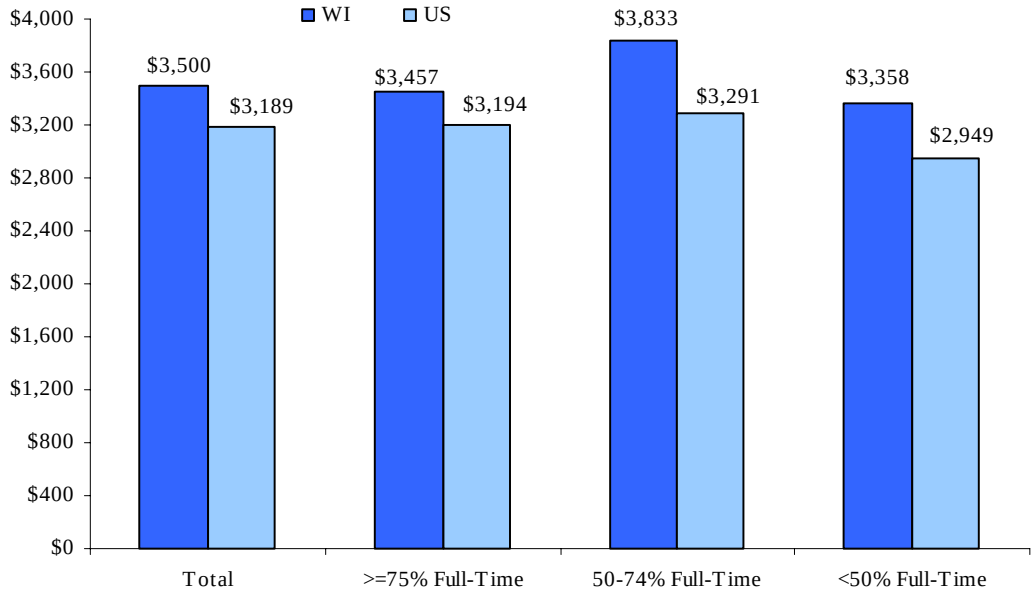


***Chart 39***

**Average Annual Premium for Single Coverage in Wisconsin and the U.S.**

*by Percent Low-Wage Employees, 2002*

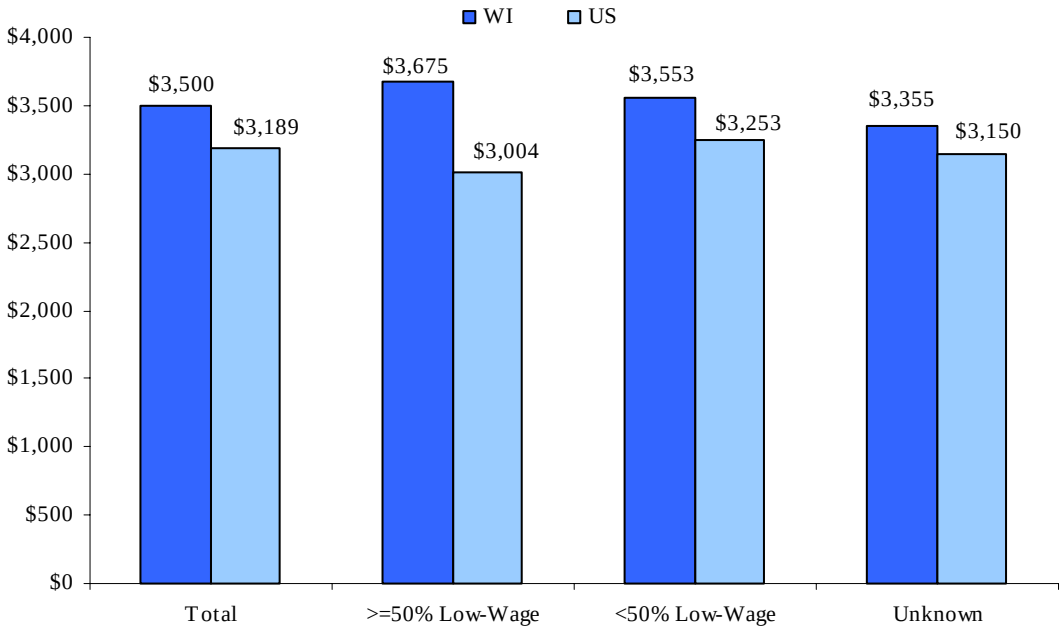



***Chart 40***

**Percent Employer Contribution for Single Coverage in Wisconsin and the U.S.**

*by Percent Full-Time Employees, 2002*

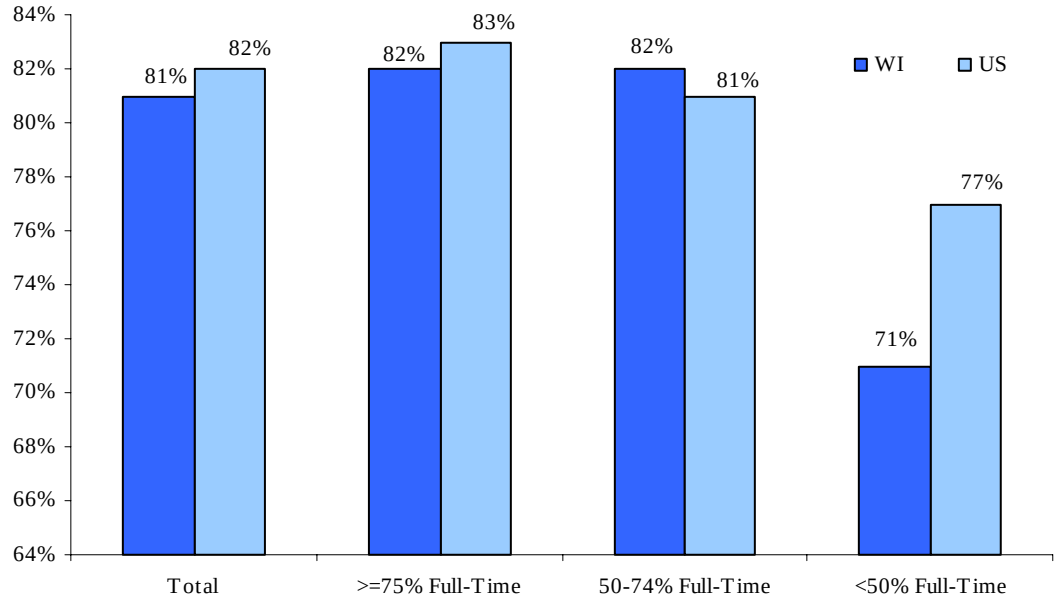


***Chart 41***

**Percent Employer Contribution for Single Coverage in Wisconsin and the U.S.**

*by Percent Low-Wage Employees, 2002*

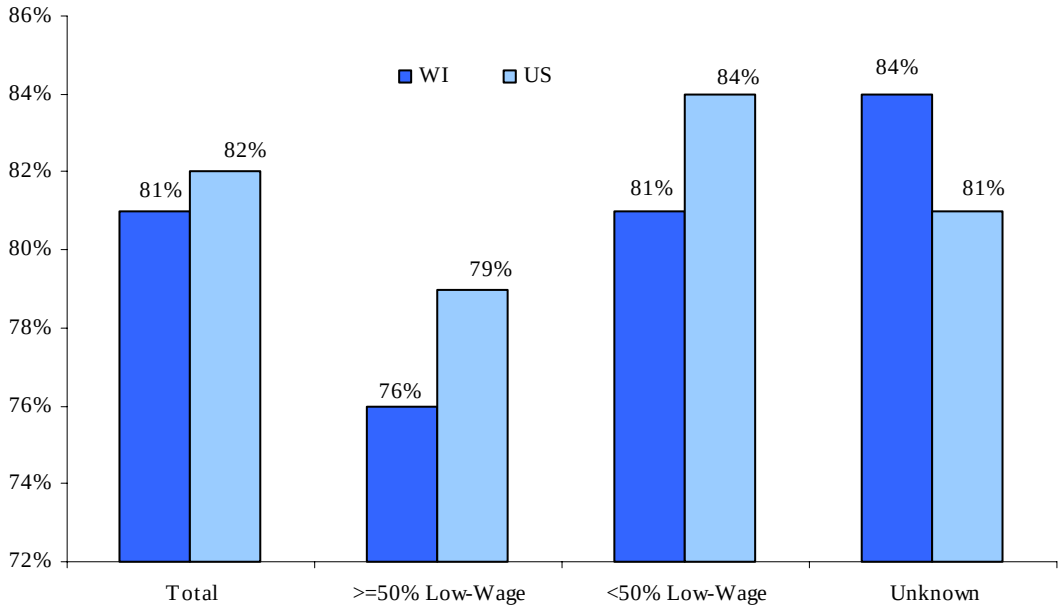



***Chart 42***

**Average Annual Premium for Family Coverage in Wisconsin and the U.S.**

*by Percent Full-Time Employees, 2002*

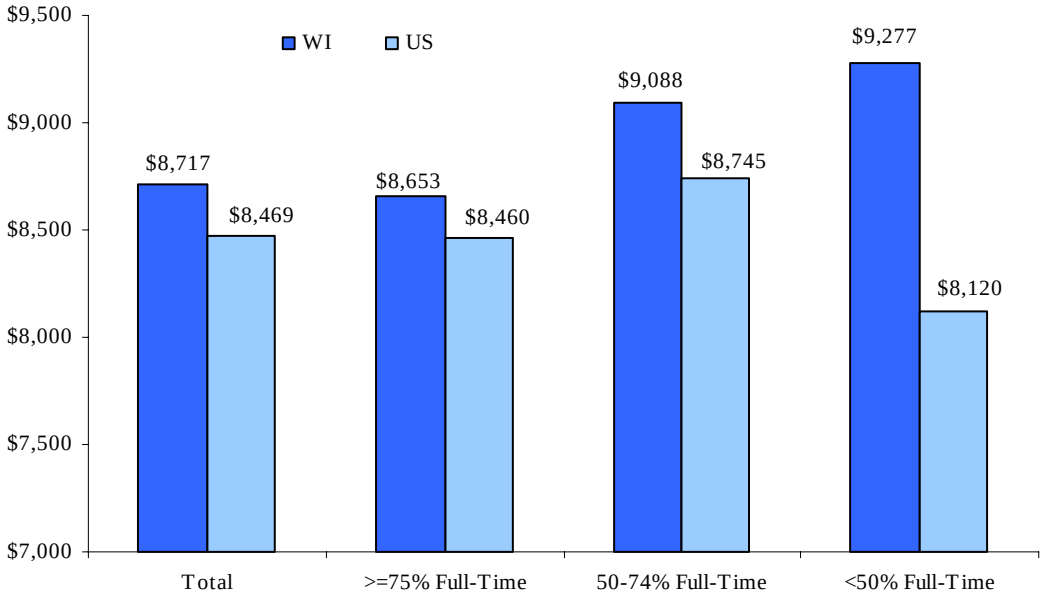


***Chart 43***

**Average Annual Premium for Family Coverage in Wisconsin and the U.S.**

*by Percent Low-Wage Employees, 2002*

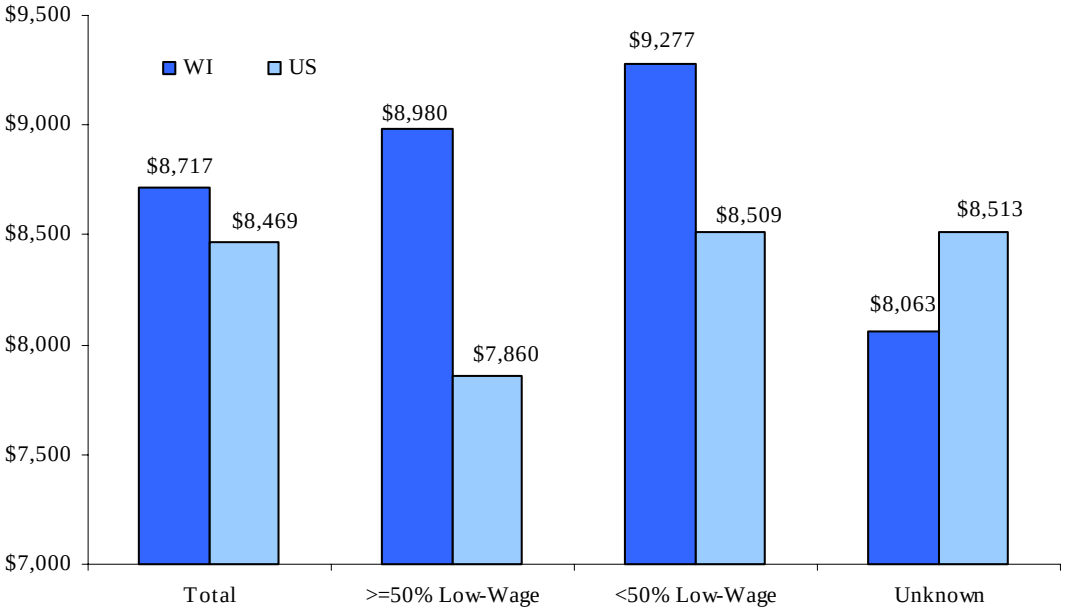



***Chart 44***

**Percent Employer Contribution for Family Coverage in Wisconsin and the U.S.**

*by Percent Full-Time Employees, 2002*

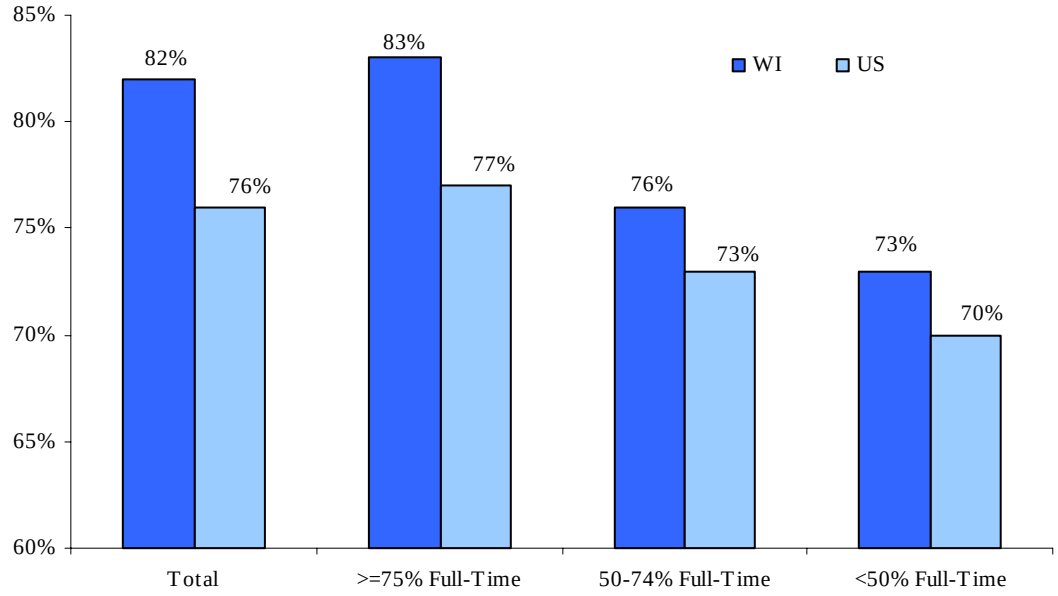
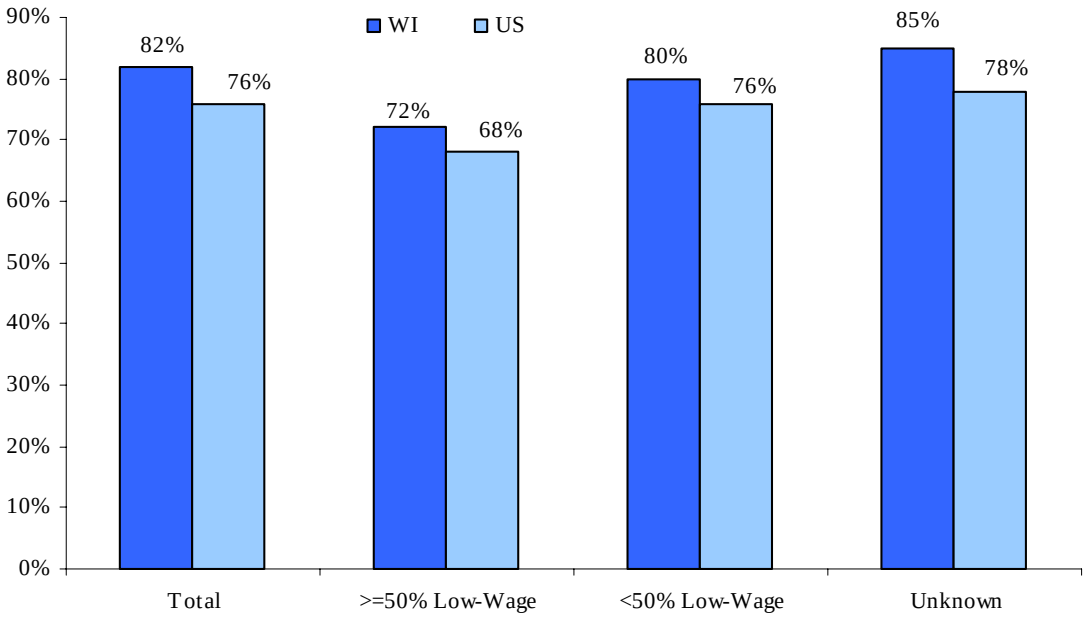


***Chart 45***

**Percent Employer Contribution for Family Coverage in Wisconsin and the U.S.**

*by Percent Low-Wage Employees, 2002*



**APPENDIX XI**

Employer-Sponsored

Health Insurance Coverage Wisconsin Family Health Survey

# 2002 and 2003

**February 2, 2005**

Prepared by
APS Healthcare, Inc.
210 E. Doty Street, Suite 210
Madison, WI 53703

# Table of Contents

## Family Health Survey 2002 and 2003 Selected Findings

### *Introduction*

**In 2001, new questions were added to the Family Health Survey (FHS). The new survey questions focus on job characteristics (tenure, hours per week), employer characteristics (type of employer, small business status), employer offer of health insurance, employee acceptance or refusal of insurance, and dependent coverage under employer insurance. Limited analysis of these new questions was completed using 2001 data and published as *Employer-Based Coverage in WI: Early Findings from the Family Health Survey* (Pederson, September 2001 presentation) and *Employment and Health Insurance among Working-Age Adults 2001* (Department of Health and Family Service (DHFS)/Bureau of Health Information (BHI)). APS has updated this analysis with 2002 and 2003 data. The following report and underlying analysis was conducted as part of the Department of Health and Family Services Wisconsin State Planning Grant with financial support from the Health Research and Services Administration (HRSA).**

### *Method*

#### *Data*

The Wisconsin Family Health Survey (FHS) is a random sample survey of Wisconsin households with working telephones, focusing on health status, health care and health insurance topics. The person most knowledgeable about the health of household members is selected to be the survey respondent in each sampled household. This respondent provides information about each person living in the household. All interviews are conducted by telephone, in either English or Spanish.[14] For this study of health insurance in Wisconsin, data from the 2002 FHS (n=7,995) and the 2003 FHS (n=6,398) were analyzed.

#### *Variables*

Variables included in this analysis were chosen based on published studies of previous FHS data. The BHI identifies a core set of demographic, employment, and health insurance analysis variables used in standard reports. To this list we added variables that pertain specifically to employer-sponsored health insurance for working adults, several of which were constructed by APS Healthcare to replicate a previous special report by DHFS called *Employment and Health Insurance Among Working-Age Adults: Wisconsin 2001*. Non-responsive answers (e.g. "don't know", "refused") are coded as missing data. All missing data are included in the analysis. The variables examined in the present study are described in detail in *Appendix A.*

#### *Statistics*

Associations between variables were tested using the chi-squared test of independence. Chi-Squared compares the observed cell frequencies to frequencies that would be expected if the variables were independent of each other, allowing for the effect of sample size. Two-way tables were tested using the Pearson Chi-Squared test using SAS statistical analysis software, and three-way tables (trend analysis) were specified as log-linear modes and tested using Log-Ratio Chi-

[14] Further detail may be found in the Technical Notes section of the report, *Wisconsin Family Health Survey, 2002*, available at this web site maintained by the BHI: http://dhfs.wisconsin.gov/stats/familyhealthsurvey.htm .

Squared tests also generated using SAS. Statistics were computed using a weight factor, which adjusts the data for sampling strata, and maintains the original sample size. Associations are considered "significant" if the Chi-Squared test indicates that the probability of observing the association by chance is less than 5%.

### *Findings*

*Analysis of Trends*

All variables were tested for significant changes between 2002 and 2003. Very few of the variables showed any significant changes over time. Of 21 variables in the analysis, only five had significant changes between 2002 and 2003.

1) Duration of coverage
   The proportion of people covered only part of the year declined by about 1 percentage point and the number of people covered for a full 12 months increased from 89.4% to 90.6%.
2) Type of coverage
   The proportion of people covered only by Medicaid, BadgerCare, or Healthy Start increased about 1 percentage point, from 5.3% to 6.7%, while the proportion with more than one type of insurance declined by about 1 percentage point from 16.9% to 15.4%.
3) Employment Sector
   The proportion of respondents who reported employment in government or non-profit organizations increased about two percentage points from 21.7% to 24.3%, while employment in private business or other organizations declined a corresponding amount.
4) Number of Full-Time Workers
   Between the 2002 and 2003 FHS samples, the proportion of people living in households with no full-time workers declined about one percentage point from 20.0% to 19.6%, households with one full-time worker increased from 38.0% to 38.6%, and those with two full-time workers increased from 36.1% to 36.8%.
5) Place of residence
   Between the 2002 and 2003 FHS samples, the proportion reporting that they reside in non-metropolitan counties declined significantly from 32.8% in 2002 to 27.1% in 2003, and the proportion residing in metropolitan areas outside of Milwaukee county increased from 56.4% to 62.6%.

*Analysis of Tables*

The data tables produced in this analysis are located in *Appendix B*. All tables were tested for significant associations between variables as described in the *Statistics* section above. All of the two-way tables reported in *Appendix B* have statistically significant associations, meaning that large differences in the percentage distributions between groups are likely to be genuine, rather than random associations due to sampling or measurement. However, this does not mean that every difference in the tables is significant.

Since most of the variables examined did not show any significant changes between 2002 and 2003, the tables would look very similar whether we used 2002 data, 2003 data, or both years combined. The associations in the tables are statistically significant in each year, so there is no particular advantage to combining data for two years. Thus, we decided to display the most recent 2003 data, in keeping with the traditional practice of reporting FHS data one year at a time.

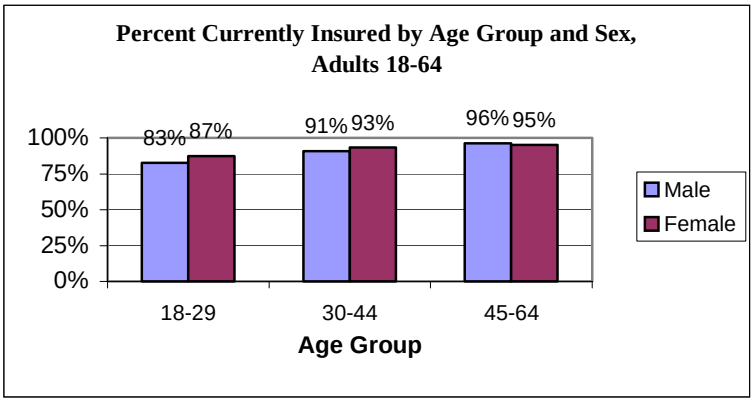
*Selected Findings: Updates to the 2001 FHS Results*

The tables and charts that follow serve to update the report ***Employment and Health Insurance Among Working-Age Adults 2001.*** These 2003 data were compiled using the results displayed in *Appendix B.*

The vast majority of adults in Wisconsin are insured and there has been little change in the percentage of insured and uninsured adults in Wisconsin from 2001 to 2003. The largest change occurred in the 18-29 year old age group where the percentage of insured is down from 88% in 2001 to 85% in 2003.

| Current Health Insurance Status among Adults 18-64 | | |
|---|---|---|
| **Age Group** | **Insured** | **Uninsured** |
| **All 18-64** | **92%** | **8%** |
| 18-29 | 85 | 15 |
| 30-44 | 92 | 8 |
| 45-64 | 96 | 4 |

In 2003, the likelihood of being insured increased with age where adults 45-64 have higher rates of insurance than those 30-44 years of age. The 30-44 year old cohort also has higher rates of insurance than the 18-29 year old cohort.



Employment status among Wisconsin adults 18-64 remains virtually unchanged from 2001 and adults aged 30-44 are one-half as likely to be unemployed as adults 18-29 and 45-64 years old.

| Employment Status among Adults 18-64 | | | | |
|---|---|---|---|---|
| **Age Group** | **Works for Employer** | **Self-Employed** | **Both Employer and Self-Employed** | **Not Employed** |
| **All 18-64** | **72%** | **8%** | **1%** | **18%** |
| 18-29 | 72 | 3 | 1 | 24 |
| 30-44 | 78 | 8 | 1 | 12 |
| 45-64 | 66 | 11 | 1 | 22 |

The following table summarizes employment by sector. Of note, the proportion of individuals employed by non-profit organizations and the Government increased from 2002 to 2003. The highest rates of employment with private companies are among 18-29 year olds. The highest rates of self-employment are among 45-64 year olds.

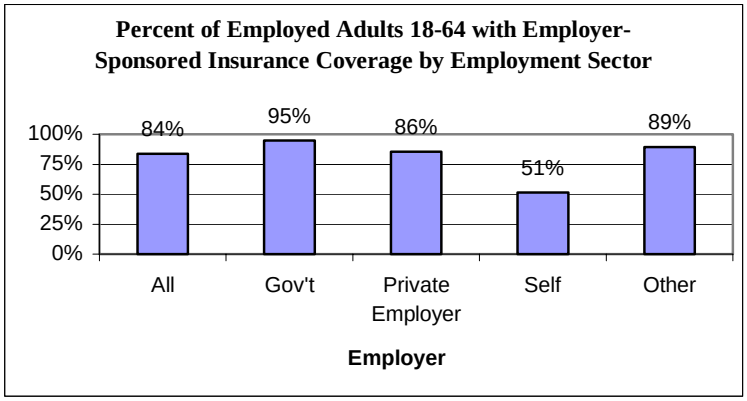
| Sector of Employment among Employed Adults 18-64 | | | | |
|---|---|---|---|---|
| **Age Group** | **Private Company** | **Government** | **Self-Employed** | **Non-Profit and Other** |
| **All Employed (18-64)** | **64%** | **14%** | **10%** | **12%** |
| 18-29 | 75 | 9 | 4 | 12 |
| 30-44 | 65 | 14 | 9 | 11 |
| 45-64 | 57 | 16 | 14 | 13 |

Employer sponsored insurance is up among the 18-29 year old group from 69% of all coverage by coverage type in 2001 to 78% in 2003. Insurance through other private coverage is down to 3% from 15% among the same age group, which suggest that more of these individuals have accessed employer coverage and are less likely to access coverage through the individual market.

| Type of Insurance Coverage among Employed Adults 18-64 | | | | | |
|---|---|---|---|---|---|
| **Age Group** | **Employer Group Only** | **Private Only** | **Medicaid Only** | **Other Insurance Types and Combinations** | **Uninsured** |
| **All Employed (18-64)** | **84%** | **4%** | **3%** | **2%** | **7%** |
| 18-29 | 78 | 3 | 6 | 2 | 11 |
| 30-44 | 84 | 4 | 4 | 1 | 7 |
| 45-64 | 86 | 6 | 1 | 3 | 3 |

Of interest, the percentage of employed adults ages 18-64 with employer sponsored insurance coverage has risen across all employment sectors, except for those who are self-employed. In 2001, 63% of the self-employed reported employer-sponsored insurance compared to 51% in

2003. However, the rate of uninsurance among the self-employed dropped from 2001 (12%) to 2003 (11%) suggesting that the self-employed have replaced employer-sponsored insurance with other types of coverage over that time period.




The following table provides information on insurance coverage by employment sector and insurance status. The table illustrates that with the exception of self-employed individuals, the majority of employees are the policy holder for their insurance coverage. Alternatively, the majority of the self-employed access coverage through another individual's health insurance policy (e.g. a spouse has access to family coverage). As in prior years, one's risk of being uninsured diminishes with increased income. Approximately 4% of individuals with income above 200% of the federal poverty level ("not poor") are uninsured compared to 23% of individuals with income below the federal poverty limit ("poor").

**Insurance Coverage by Employment Sector and Poverty Status among Employed Adults 18-64**

| | Insured, Policyholder | Insured, Not Policyholder | Uninsured |
|---|---|---|---|
| **All Employed (18-64)** | **60%** | **33%** | **6%** |
| **Sector** | | | |
| Government | 74 | 24 | 2 |
| Private | 61 | 32 | 7 |
| Self-employed | 34 | 54 | 11 |
| Non-profit and other | 65 | 32 | 3 |
| **Poverty Status** | | | |
| Poor | 27 | 50 | 23 |
| Near Poor | 47 | 35 | 17 |
| Not Poor | 64 | 33 | 4 |

Note: Based on Federal Poverty Levels (FPL) for household income and size: Poor=<100% of FPL, Near Poor=100-199% of FPL, Not Poor=200% of FPL and above.

Across employment sectors, most individuals pay some or all of the premium for employer-sponsored insurance. Government employees are twice as likely as all other employees to have the premium paid entirely by the employer. In 2003, 29% of Government employees did not contribute to the cost of their health care premiums. This is down from 33% that did not contribute in 2001.

| Contribution to Employer-Sponsored Insurance Premium by Employed Adults 18-64 | | | | |
|---|---|---|---|---|
| **Age Group** | **Employee Pays All** | **Employee Pays Most** | **Employee Pays Some** | **Employee Pays None** |
| **Employed Policyholders (18-64)** | **8%** | **6%** | **70%** | **16%** |
| Government | 7 | 2 | 63 | 29 |
| Private | 9 | 7 | 72 | 13 |
| Non-profit | 7 | 7 | 73 | 12 |
| Other | 14 | 6 | 68 | 11 |

This last table provides information on offer and take-up rates of employer-sponsored insurance for employed adults by employment sector, employer size, full-time status of employee, age, poverty status and insurance status. In general, the findings regarding the offer of insurance in 2003 remained very similar to those from 2001 Employed individuals who have household income below 200% of the federal poverty level, part time workers, workers between the ages of 18 and 29 and individuals working in small business are frequently not offered insurance through their employer. It should be noted that each of these characteristics may not be independent risk factors. For example, employees between the ages of 18 and 29 may be more likely to be earning low wages or working part-time. However, once insurance is offered to these employees they are generally as likely as older and full-time workers to accept the coverage. This suggests that the higher rates of uninsurance among employed adults ages 18 to 29 is not a matter of choice, but of access.

| Employer-Sponsored Insurance Not Offered, Offered and Taken, or Offered and Declined by Employed Adults 18-64 | | | |
|---|---|---|---|
| | **Not Offered** | **Offered, Taken** | **Offered, Declined** |
| **All Employed (18-64)** | **18%** | **63%** | **19%** |
| **Sector** | | | |
| Government | 14 | 74 | 11 |
| Private | 19 | 61 | 21 |
| Non-profit and other | 15 | 63 | 22 |
| **Employer Size** | | | |
| 50 or fewer employees | 35 | 41 | 24 |
| More than 50 employees | 10 | 72 | 18 |
| **Full-Time/Part-Time** | | | |
| Full-time (>=30 hours, not self-employed) | 10 | 71 | 19 |
| Part-time (<30 hours, not self-employed) | 66 | 13 | 21 |
| **Age Group** | | | |
| 18-29 | 38 | 46 | 16 |
| 30-44 | 13 | 65 | 23 |
| 45-64 | 11 | 72 | 17 |
| **Poverty Status** | | | |
| Poor | 46 | 31 | 23 |
| Near Poor | 34 | 47 | 19 |
| Not Poor | 14 | 66 | 20 |

| Employer-Sponsored Insurance Not Offered, Offered and Taken, or Offered and Declined by Employed Adults 18-64 | | | |
|---|---|---|---|
| | **Not Offered** | **Offered, Taken** | **Offered, Declined** |
| **Insurance Status** | | | |
| Insured | 15 | 67 | 19 |
| Not insured through this employer | 47 | 0 | 53 |

*Conclusion*

The FHS findings suggest that age, poverty status and employment status continue to be risk factors for uninsurance even among employed adults. In other words, employment does not necessarily guarantee access to employer-sponsored insurance. While 18% of all employed adults work for an employer that did not offer insurance, this number is as high as 66% for part-time workers, 46% for poor workers and 38% for workers between the ages of 18 and 29. These risk factors have persisted between 2001 and 2003.

# Appendix

## *Appendix A: Variables*

| Variable | Description | Source |
|---|---|---|
| JN51r | Employer size greater or less than 50 employees | Original FHS questionnaire |
| JOBTYPE | Employment sector | Original FHS questionnaire |
| JPREMR | Extent of employer contribution to health insurance premium | Original FHS questionnaire |
| INSUREa | Source of insurance, including "none" | Constructed by BHI from values in created variables: Employer, Private, Medicare, Medigap, Military, Indianhs, Medicaid, Hirsp, Gamp, Wisconcr, Otherins. |
| SEX | Gender | Constructed by BHI from SEXRPT with imputed data for missing values |
| NEWRACE1 | Race/Ethnicity | Constructed by BHI from RACERPT1, RACERPT2, HISPANIC, RACESAME |
| METMILW | Residence in Milwaukee Co., other metro Co., or non-metro | Constructed by BHI from MILW, METRO, COUNTY |
| INSUREYR | Insurance Duration (all year, part of year, none of year) | Constructed by BHI from MCAREYR, EMPL1YR, EMPL2YR, MGAPYR, PRIV1YR, PRIV2YR, OUTSYR, MILIHYR, MAYR, OTHYR, VERYR, PARTYR, UNINVER, LAST12 |
| INSUREb | Has insurance now v. uninsured | Constructed by BHI from INSUREa |
| POVSTAT | Poverty status | Constructed by BHI from INC1POV, INC1POVA, INC1POVB through INC8POV, INC8POVA, INC8POVB |
| N_FULL | Number of full-time workers in household | Constructed by BHI from EMPSELFR, JHRS, J30HR, SELFHRS, SF_30HR, AGERPT |
| FTPTWORK | Employed full-time or part-time | Constructed by BHI from EMPSELFR, JHRS, J30HR, SELFHRS, SF_30HR |
| EMPLOYER | Has employer-sponsored insurance | Constructed by BHI from EMPL1COV, EMPL2COV, OUTSTYP, VERTYP |
| JOBNOW | Employment status | Constructed by BHI from ANYWORK, ABSNTJOB |
| AGE4G | Age in 4 groups | Constructed by BHI from AGERPT, AGERANG1, AGERANG2, AGERANG3 |
| JOBTYPE2 | Employment sector, including self-employed | Constructed by APS: if empselfr=2 then jobtype2=3; else do; select (jobtype); when (2) jobtype2=1; when (1) jobtype2=2; when (3) jobtype2=4; when (4) jobtype2=4; otherwise jobtype2=.; end; end; |

| Variable | Description | Source |
|---|---|---|
| I_PAY | Extent of policyholder's contribution to health insurance premium | Constructed by APS: if (jpremr=1) or (jprem2r=1) or (sfpremr=1) then i_pay="All "; else do; if (jpremr=2) or (jprem2r=2) or (sfpremr=2) then i_pay="Most"; else if (jpremr=3) or (jprem2r=3) or (sfpremr=3) then i_pay="Some"; else if (jpremr=4) or (jprem2r=4) or (sfpremr=4) then i_pay="None"; end; |
| EMPSELFR2 | Employee or self-employed | Constructed by APS: if (jobnow=2) then empselfr2=4; else empselfr2=empselfr; |
| UP_TAKE2 | Employer offered insurance accepted/declined | Constructed by APS: if (jinsure=1) then up_take2= "Offered & Taken "; if (jinsure=2) and (j_offer=1) then up_take2="Not Offered "; if (jinsure=2) and (j_offer=2) then up_take2="Not Offered "; if (jno_ins=1) and (j_offer=1) then up_take2="Offered, Declined"; if (jno_ins=1) and (j_offer=2) then up_take2="Not Offered "; |
| NOT_JINS | Insured by this employer | Constructed by APS: if (jinsure=2) or (jno_ins=1) then not_jins ="Ins, not thru this emplyr"; if (jinsure=1) or (jno_ins=2) then not_jins ="Ins thru this employer "; |
| PLCYHLD2 | Policyholder of employer-sponsored or private insurance | Constructed by APS: if (empl1ph=roster) or (empl2ph=roster) or (verph=roster) or (priv2ph=roster) or (priv1ph=roster) then PLCYHLD2=1; else do; select (plcyhldr); when (1) plcyhld2=2; otherwise plcyhld2=plcyhldr; end; end; |
| AGEGRP | Age in 3 groups | Constructed by APS from AGERPT: if (agerpt>17) and (agerpt<30) then agegrp='18-29'; else do; if (agerpt>29) and (agerpt<45) then agegrp='30-44'; else if (agerpt>44) and (agerpt<65) then agegrp='45-64'; end; |

## *Appendix B: Data Tables*

Tables 1-6 display health insurance coverage statistics over the course of the year. Tables 1-5 include persons of all ages, while table 6 includes adults only.

***Table 1. Insurance Duration, by Age.***
***2003 Wisconsin population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 6,398 .***

| Insurance Duration | Age | | | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-17 | | 18-44 | | 45-64 | | 65+ | | Missing | | | |
| | N[15] | % | N | % | N | % | N | % | N | % | N | % |
| **Insured Continuously For 12 Months** | 1,210 | 93.0% | 1,712 | 83.0% | 1,181 | 94.2% | 681 | 98.9% | 3 | 100.0% | 4,788 | 90.2% |
| **Insured Part Of The Last 12 Months** | 59 | 4.5% | 192 | 9.3% | 29 | 2.2% | 3 | 0.4% | . | . | 284 | 5.3% |
| **Uninsured For 12 Months** | 26 | 2.0% | 142 | 6.8% | 41 | 3.2% | 2 | 0.3% | . | . | 212 | 3.9% |
| **Missing** | 4 | 0.3% | 16 | 0.7% | 2 | 0.1% | 2 | 0.3% | . | . | 25 | 0.4% |
| **Total** | 1,300 | 100.0% | 2,063 | 100.0% | 1,253 | 100.0% | 689 | 100.0% | 3 | 100.0% | 5,308 | 100.0% |

***Table 2. Insurance Duration, by Gender.***
***2003 Wisconsin population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 6,398 .***

| Insurance Duration | Gender | | | | Total | |
|---|---|---|---|---|---|---|
| | Male | | Female | | | |
| | N | % | N | % | N | % |
| **Insured Continuously For 12 Months** | 2,331 | 88.8% | 2,457 | 91.5% | 4,788 | 90.2% |
| Insured Part Of The Last 12 Months | 156 | 5.9% | 128 | 4.7% | 284 | 5.3% |
| **Uninsured For 12 Months** | 122 | 4.6% | 90 | 3.3% | 212 | 3.9% |
| **Missing** | 15 | 0.5% | 10 | 0.3% | 25 | 0.4% |
| **Total** | 2,623 | 100.0% | 2,684 | 100.0% | 5,308 | 100.0% |

[15] Population estimates calculated using the Family Health Survey (FHS) results.

*Table 3. Insurance Duration, by Race/Ethnicity.*
*2003 Wisconsin population estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 6,398 .*

| Insurance Duration | Race/Ethnicity | | | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Any Hispanic | | Other, NonHISP | | Black, NonHISP | | White, NonHISP | | Missing | | | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| **Insured Continuously For 12 Months** | 144 | 72.8% | 225 | 84.4% | 138 | 88.2% | 4,268 | 91.3% | 12 | 73.2% | 4,788 | 90.2% |
| **Insured Part Of The Last 12 Months** | 18 | 9.2% | 20 | 7.4% | 10 | 6.1% | 234 | 5.0% | 1 | 6.4% | 284 | 5.3% |
| **Uninsured For 12 Months** | 32 | 16.3% | 19 | 7.1% | 8 | 5.3% | 150 | 3.2% | 1 | 7.7% | 212 | 3.9% |
| **Missing** | 3 | 1.4% | 2 | 0.8% | 0 | 0.2% | 17 | 0.3% | 2 | 12.5% | 25 | 0.4% |
| **Total** | 198 | 100.0% | 266 | 100.0% | 156 | 100.0% | 4,670 | 100.0% | 17 | 100.0% | 5,308 | 100.0% |

*Table 4. Insurance Duration, by Residence.*
*2003 Wisconsin population estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 6,398 .*

| Insurance Duration | Residence | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Milwaukee City | | Other Metro | | Non Metro | | | |
| | N | % | N | % | N | % | N | % |
| **Insured Continuously For 12 Months** | 470 | 86.4% | 3,037 | 91.3% | 1,281 | 88.9% | 4,788 | 90.2% |
| **Insured Part Of The Last 12 Months** | 44 | 8.1% | 157 | 4.7% | 83 | 5.7% | 284 | 5.3% |
| **Uninsured For 12 Months** | 25 | 4.6% | 122 | 3.6% | 64 | 4.4% | 212 | 3.9% |
| **Missing** | 4 | 0.8% | 7 | 0.2% | 13 | 0.8% | 25 | 0.4% |
| **Total** | 544 | 100.0% | 3,323 | 100.0% | 1,440 | 100.0% | 5,308 | 100.0% |

***Table 5. Insurance Duration, by Poverty Status.***
***2003 Wisconsin population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 6,398 .***

| Insurance Duration | Poverty Status | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Less Than 100% | | 100-199% | | 200% Or More | | Missing | | | |
| | N | % | N | % | N | % | N | % | N | % |
| **Insured Continuously For 12 Months** | 314 | 76.3% | 729 | 81.4% | 3,526 | 94.4% | 220 | 81.2% | 4,788 | 90.2% |
| **Insured Part Of The Last 12 Months** | 44 | 10.7% | 93 | 10.4% | 130 | 3.4% | 17 | 6.1% | 284 | 5.3% |
| **Uninsured For 12 Months** | 47 | 11.3% | 67 | 7.5% | 70 | 1.8% | 28 | 10.4% | 212 | 3.9% |
| **Missing** | 6 | 1.5% | 5 | 0.5% | 7 | 0.1% | 6 | 2.0% | 25 | 0.4% |
| **Total** | 411 | 100.0% | 894 | 100.0% | 3,732 | 100.0% | 270 | 100.0% | 5,308 | 100.0% |

***Table 6. Insurance Duration, by Employment Status.***
***2003 Wisconsin adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,912 .***

| Insurance Duration | Employment Status | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Employed | | Not Employed | | Missing | | | |
| | N | % | N | % | N | % | N | % |
| **Insured Continuously For 12 Months** | 2,403 | 89.3% | 484 | 79.5% | 7 | 39.0% | 2,894 | 87.2% |
| **Insured Part Of The Last 12 Months** | 162 | 6.0% | 56 | 9.2% | 3 | 16.5% | 221 | 6.6% |
| **Uninsured For 12 Months** | 120 | 4.4% | 60 | 9.9% | 2 | 12.8% | 182 | 5.5% |
| **Missing** | 5 | 0.1% | 8 | 1.2% | 5 | 31.5% | 18 | 0.5% |
| **Total** | 2,690 | 100.0% | 609 | 100.0% | 17 | 100.0% | 3,315 | 100.0% |

**Tables 7-18 display current health insurance coverage statistics. Tables 7-12 include persons of all ages, tables 13-16 include adults, and tables 17-18 include employed adults.**

***Table 7. Current Insurance Status, by Age.***
***2003 Wisconsin population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 6,398 .***

| Current Insurance Status[16] | Age | | | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 0-17 | | 18-44 | | 45-64 | | 65+ | | Missing | | | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| **Not Currently Insured Or Has Indian Health Service (IHS) Only** | 44 | 3.3% | 219 | 10.6% | 57 | 4.5% | 2 | 0.3% | . | . | 323 | 6.0% |
| **Employer Group** | 1,005 | 77.2% | 1,575 | 76.3% | 1,026 | 81.9% | 248 | 36.0% | 3 | 100.0% | 3,857 | 72.6% |
| **Privately Purchased** | 41 | 3.1% | 75 | 3.6% | 83 | 6.5% | 64 | 9.3% | . | . | 262 | 4.9% |
| **Medicare** | 4 | 0.3% | 15 | 0.7% | 20 | 1.6% | 367 | 53.2% | . | . | 407 | 7.6% |
| **Medicaid, BadgerCare, Healthy Start** | 191 | 14.6% | 145 | 7.0% | 24 | 1.9% | 6 | 0.8% | . | . | 366 | 6.8% |
| **Other** | 10 | 0.8% | 14 | 0.6% | 40 | 3.1% | 1 | 0.1% | . | . | 66 | 1.2% |
| **Missing** | 5 | 0.3% | 19 | 0.9% | 2 | 0.1% | 1 | 0.0% | . | . | 27 | 0.5% |
| **Total** | 1,300 | 100.0% | 2,063 | 100.0% | 1,253 | 100.0% | 689 | 100.0% | 3 | 100.0% | 5,308 | 100.0% |

[16] Current insurance status is based on a hierarchy developed with assistance from the DHFS. Individuals with only Indian Health Services (HIS) were considered uninsured, anyone with employer sponsored insurance was considered "employer group," any private policy equals "private," any Medicare is classified as "Medicare," any Medicaid equals "Medicaid," and all other types of insurance are considered "other," in that order. Therefore, employer group takes precendent over private policies, which take precendent over Medicare, which takes precedent over Medicaid, which comes before all remaining types of insurance.

***Table 8. Current Insurance Status, by Gender.***
***2003 Wisconsin population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 6,398 .***

| Current Insurance Status | Gender | | | | Total | |
|---|---|---|---|---|---|---|
| | Male | | Female | | | |
| | N | % | N | % | N | % |
| **Not Currently Insured Or Has IHS Only** | 178 | 6.7% | 145 | 5.3% | 323 | 6.0% |
| **Employer Group** | 1,941 | 73.9% | 1,916 | 71.3% | 3,857 | 72.6% |
| **Privately Purchased** | 120 | 4.5% | 142 | 5.3% | 262 | 4.9% |
| **Medicare** | 167 | 6.3% | 240 | 8.9% | 407 | 7.6% |
| **Medicaid, BadgerCare, Healthy Start** | 166 | 6.3% | 200 | 7.4% | 366 | 6.8% |
| **Other** | 37 | 1.3% | 29 | 1.0% | 66 | 1.2% |
| **Missing** | 15 | 0.5% | 12 | 0.4% | 27 | 0.5% |
| **Total** | 2,623 | 100.0% | 2,684 | 100.0% | 5,308 | 100.0% |

***Table 9. Current Insurance Status, by Race/Ethnicity.***
***2003 Wisconsin population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 6,398 .***

| Current Insurance Status | Race/Ethnicity | | | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Any Hispanic | | Other, NonHISP[17] | | Black, NonHISP | | White, NonHISP | | Missing | | | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| **Not Currently Insured Or Has IHS Only** | 41 | 20.6% | 25 | 9.5% | 11 | 7.0% | 243 | 5.2% | 2 | 12.3% | 323 | 6.0% |
| **Employer Group** | 91 | 45.8% | 167 | 62.6% | 92 | 58.5% | 3,500 | 74.9% | 8 | 46.3% | 3,857 | 72.6% |
| **Privately Purchased** | 3 | 1.6% | 9 | 3.4% | 3 | 1.7% | 246 | 5.2% | 1 | 5.0% | 262 | 4.9% |
| **Medicare** | 3 | 1.7% | 12 | 4.3% | 9 | 5.9% | 380 | 8.1% | 3 | 15.2% | 407 | 7.6% |
| **Medicaid, Badger-Care, Healthy Start** | 54 | 27.1% | 49 | 18.4% | 36 | 22.9% | 225 | 4.8% | 2 | 13.7% | 366 | 6.8% |
| **Other** | 5 | 2.3% | 2 | 0.7% | 4 | 2.6% | 55 | 1.1% | . | . | 66 | 1.2% |
| **Missing** | 1 | 0.6% | 2 | 0.8% | 2 | 1.0% | 20 | 0.4% | 1 | 7.2% | 27 | 0.5% |
| **Total** | 198 | 100.0% | 266 | 100.0% | 156 | 100.0% | 4,670 | 100.0% | 17 | 100.0% | 5,308 | 100.0% |

[17] "Other, non-Hispanic" includes American Indian – non-Hispanic, Asian – non-Hispanic, other – non-Hispanic and two or more non-Hispanic races.

*Table 10. Current Insurance Status, by Residence.*
*2003 Wisconsin population estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 6,398 .*

| Current Insurance Status | Residence | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Milwaukee City | | Other Metro | | Non Metro | | | |
| | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 39 | 7.2% | 178 | 5.3% | 105 | 7.2% | 323 | 6.0% |
| Employer Group | 359 | 65.9% | 2,563 | 77.1% | 935 | 64.9% | 3,857 | 72.6% |
| Privately Purchased | 15 | 2.7% | 145 | 4.3% | 103 | 7.1% | 262 | 4.9% |
| Medicare | 27 | 4.9% | 255 | 7.6% | 125 | 8.6% | 407 | 7.6% |
| Medicaid, BadgerCare, Healthy Start | 92 | 16.8% | 131 | 3.9% | 143 | 9.9% | 366 | 6.8% |
| Other | 7 | 1.3% | 40 | 1.2% | 18 | 1.2% | 66 | 1.2% |
| Missing | 5 | 0.8% | 11 | 0.3% | 12 | 0.8% | 27 | 0.5% |
| Total | 544 | 100.0% | 3,323 | 100.0% | 1,440 | 100.0% | 5,308 | 100.0% |

*Table 11. Current Insurance Status, by Full-time Workers in Household.*
*2003 Wisconsin population estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 6,398 .*

| Current Insurance Status | Full-time Workers in Household | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | None | | 1 | | 2 | | 3 Or More | | | |
| | N | % | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 60 | 5.7% | 166 | 8.1% | 73 | 3.7% | 24 | 9.1% | 323 | 6.0% |
| Employer Group | 395 | 37.9% | 1,520 | 74.3% | 1,715 | 87.7% | 227 | 85.3% | 3,857 | 72.6% |
| Privately Purchased | 102 | 9.7% | 89 | 4.3% | 69 | 3.5% | 2 | 0.8% | 262 | 4.9% |
| Medicare | 359 | 34.5% | 38 | 1.8% | 7 | 0.3% | 2 | 0.7% | 407 | 7.6% |
| Medicaid, BadgerCare, Healthy Start | 100 | 9.5% | 198 | 9.6% | 61 | 3.1% | 8 | 2.9% | 366 | 6.8% |
| Other | 16 | 1.4% | 29 | 1.4% | 20 | 1.0% | 1 | 0.4% | 66 | 1.2% |
| Missing | 10 | 0.9% | 6 | 0.2% | 10 | 0.5% | 1 | 0.3% | 27 | 0.5% |
| Total | 1,041 | 100.0% | 2,046 | 100.0% | 1,955 | 100.0% | 265 | 100.0% | 5,308 | 100.0% |

*Table 12. Current Insurance Status, by Poverty Status.*
*2003 Wisconsin population estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 6,398 .*

| Current Insurance Status | Poverty Status | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Less Than 100% | | 100-199% | | 200% Or More | | Missing | | | |
| | N | % | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 59 | 14.3% | 110 | 12.3% | 121 | 3.2% | 33 | 12.0% | 323 | 6.0% |
| Employer Group | 80 | 19.5% | 432 | 48.2% | 3,208 | 85.9% | 137 | 50.6% | 3,857 | 72.6% |
| Privately Purchased | 13 | 3.1% | 70 | 7.7% | 148 | 3.9% | 32 | 11.8% | 262 | 4.9% |
| Medicare | 61 | 14.9% | 126 | 14.1% | 170 | 4.5% | 49 | 18.2% | 407 | 7.6% |
| Medicaid, BadgerCare, Healthy Start | 184 | 44.6% | 133 | 14.8% | 39 | 1.0% | 11 | 3.9% | 366 | 6.8% |
| Other | 7 | 1.6% | 18 | 1.9% | 36 | 0.9% | 5 | 1.7% | 66 | 1.2% |
| Missing | 7 | 1.6% | 6 | 0.6% | 11 | 0.2% | 4 | 1.4% | 27 | 0.5% |
| Total | 411 | 100.0% | 894 | 100.0% | 3,732 | 100.0% | 270 | 100.0% | 5,308 | 100.0% |

*Table 13. Current Insurance Status, by Poverty Status.*
*2003 Wisconsin adult population estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 3,912 .*

| Current Insurance Status | Poverty Status | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Less Than 100% | | 100-199% | | 200% Or More | | Missing | | | |
| | N | % | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 55 | 27.9% | 91 | 19.3% | 107 | 4.2% | 23 | 19.0% | 276 | 8.3% |
| Employer Group | 42 | 20.9% | 247 | 52.1% | 2,242 | 88.7% | 73 | 60.6% | 2,604 | 78.4% |
| Privately Purchased | 5 | 2.5% | 37 | 7.7% | 102 | 4.0% | 14 | 11.1% | 157 | 4.7% |
| Medicare | 13 | 6.3% | 12 | 2.5% | 9 | 0.3% | 2 | 1.4% | 35 | 1.0% |
| Medicaid, BadgerCare, Healthy Start | 74 | 37.3% | 70 | 14.7% | 24 | 0.9% | 2 | 1.5% | 170 | 5.1% |
| Other | 4 | 2.1% | 13 | 2.6% | 33 | 1.3% | 4 | 3.1% | 54 | 1.6% |
| Missing | 5 | 2.6% | 3 | 0.7% | 10 | 0.3% | 3 | 2.8% | 22 | 0.6% |
| Total | 198 | 100.0% | 473 | 100.0% | 2,526 | 100.0% | 121 | 100.0% | 3,319 | 100.0% |

***Table 14. Current Insurance Status, by Employment Status.***
***2003 Wisconsin adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,912 .***

| Current Insurance Status | Employment Status | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Employed | | Not Employed | | Missing | | | |
| | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 177 | 6.5% | 94 | 15.4% | 5 | 29.4% | 276 | 8.3% |
| Employer Group | 2,253 | 83.7% | 347 | 57.0% | 3 | 20.7% | 2,604 | 78.5% |
| Privately Purchased | 119 | 4.4% | 36 | 5.8% | . | . | 155 | 4.6% |
| Medicare | 9 | 0.3% | 25 | 4.0% | 1 | 6.2% | 35 | 1.0% |
| Medicaid, BadgerCare, Healthy Start | 91 | 3.3% | 76 | 12.5% | 2 | 12.0% | 170 | 5.1% |
| Other | 30 | 1.1% | 24 | 3.9% | . | . | 54 | 1.6% |
| Missing | 10 | 0.3% | 7 | 1.0% | 5 | 31.5% | 22 | 0.6% |
| Total | 2,690 | 100.0% | 609 | 100.0% | 17 | 100.0% | 3,315 | 100.0% |

***Table 15. Current Insurance Status, by Age.***
***2003 Wisconsin adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,912 .***

| Current Insurance Status | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 112 | 15.0% | 106 | 8.0% | 54 | 4.3% | 272 | 8.2% |
| Employer Group | 529 | 70.9% | 1,045 | 79.9% | 1,025 | 82.1% | 2,599 | 78.7% |
| Privately Purchased | 22 | 2.9% | 53 | 4.0% | 81 | 6.5% | 156 | 4.7% |
| Medicare | 1 | 0.1% | 13 | 0.9% | 20 | 1.6% | 34 | 1.0% |
| Medicaid, BadgerCare, Healthy Start | 65 | 8.7% | 78 | 5.9% | 24 | 1.9% | 168 | 5.0% |
| Other | 5 | 0.6% | 9 | 0.6% | 40 | 3.1% | 54 | 1.6% |
| Missing | 11 | 1.4% | 4 | 0.2% | 2 | 0.1% | 16 | 0.4% |
| Total | 745 | 100.0% | 1,307 | 100.0% | 1,247 | 100.0% | 3,299 | 100.0% |

***Table 16. Current Insurance Status, by Age and Gender.***
***2003 Wisconsin adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,912 .***

**Gender MALE**

| Current Insurance Status | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 64 | 17.4% | 63 | 9.3% | 24 | 3.7% | 150 | 9.0% |
| Employer Group | 264 | 71.9% | 534 | 79.6% | 515 | 82.7% | 1,314 | 79.1% |
| Privately Purchased | 14 | 3.8% | 24 | 3.6% | 37 | 5.8% | 75 | 4.5% |
| Medicare | 1 | 0.2% | 10 | 1.4% | 10 | 1.5% | 21 | 1.2% |
| Medicaid, BadgerCare, Healthy Start | 15 | 4.1% | 34 | 5.0% | 13 | 2.0% | 62 | 3.7% |
| Other | 2 | 0.6% | 3 | 0.4% | 24 | 3.8% | 29 | 1.7% |
| Missing | 6 | 1.6% | 2 | 0.3% | 0 | 0.0% | 9 | 0.5% |
| Total | 367 | 100.0% | 670 | 100.0% | 623 | 100.0% | 1,660 | 100.0% |

**Gender FEMALE**

| Current Insurance Status | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 48 | 12.7% | 43 | 6.7% | 31 | 4.9% | 122 | 7.4% |
| Employer Group | 264 | 70.0% | 511 | 80.2% | 510 | 81.6% | 1,285 | 78.4% |
| Privately Purchased | 8 | 2.1% | 28 | 4.4% | 45 | 7.1% | 81 | 4.9% |
| Medicare | . | . | 3 | 0.4% | 10 | 1.6% | 14 | 0.8% |
| Medicaid, BadgerCare, Healthy Start | 50 | 13.1% | 45 | 6.9% | 11 | 1.8% | 106 | 6.4% |
| Other | 3 | 0.7% | 6 | 0.9% | 16 | 2.5% | 25 | 1.4% |
| Missing | 5 | 1.1% | 1 | 0.1% | 2 | 0.2% | 7 | 0.4% |
| Total | 377 | 100.0% | 637 | 100.0% | 624 | 100.0% | 1,639 | 100.0% |

*Table 17. Current Insurance Status, by Age.*
*2003 Wisconsin employed adult population estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 3,132 .*

| Current Insurance Status | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has IHS Only | 63 | 11.2% | 79 | 6.8% | 32 | 3.3% | 175 | 6.5% |
| Employer Group | 441 | 78.0% | 970 | 84.4% | 838 | 86.4% | 2,249 | 83.8% |
| Privately Purchased | 17 | 3.0% | 43 | 3.7% | 59 | 6.0% | 119 | 4.4% |
| Medicare | . | . | 3 | 0.2% | 7 | 0.6% | 9 | 0.3% |
| Medicaid, BadgerCare, Healthy Start | 34 | 6.0% | 46 | 4.0% | 10 | 1.0% | 91 | 3.3% |
| Other | 1 | 0.2% | 6 | 0.5% | 22 | 2.2% | 30 | 1.1% |
| Missing | 8 | 1.3% | 1 | 0.0% | 1 | 0.0% | 10 | 0.3% |
| Total | 566 | 100.0% | 1,148 | 100.0% | 970 | 100.0% | 2,684 | 100.0% |

*Table 18. Current Insurance Status, by Age and Gender.*
*2003 Wisconsin employed adult population estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 3,132 .*

**Gender MALE**

| Current Insurance Status | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| Not Currently Insured Or Has HIS Only | 36 | 12.4% | 49 | 7.8% | 15 | 2.9% | 100 | 7.0% |
| Employer Group | 223 | 77.7% | 522 | 84.7% | 450 | 87.3% | 1,195 | 84.2% |
| Privately Purchased | 12 | 4.1% | 23 | 3.7% | 29 | 5.7% | 64 | 4.5% |
| Medicare | . | . | 3 | 0.4% | 2 | 0.2% | 4 | 0.2% |
| Medicaid, BadgerCare, Healthy Start | 11 | 3.6% | 18 | 2.8% | 6 | 1.1% | 34 | 2.3% |
| Other | 1 | 0.2% | 2 | 0.3% | 13 | 2.5% | 16 | 1.1% |
| Missing | 5 | 1.7% | . | . | . | . | 5 | 0.3% |
| Total | 287 | 100.0% | 616 | 100.0% | 515 | 100.0% | 1,418 | 100.0% |

**Gender FEMALE**

| Current Insurance Status | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| **Not Currently Insured Or Has IHS Only** | 28 | 9.9% | 31 | 5.7% | 17 | 3.8% | 75 | 5.9% |
| Employer Group | 218 | 78.2% | 448 | 84.1% | 388 | 85.3% | 1,054 | 83.2% |
| **Privately Purchased** | 5 | 1.9% | 20 | 3.7% | 29 | 6.4% | 55 | 4.3% |
| **Medicare** | . | . | . | . | 5 | 1.1% | 5 | 0.4% |
| **Medicaid, BadgerCare, Healthy Start** | 24 | 8.5% | 29 | 5.3% | 5 | 1.0% | 57 | 4.5% |
| **Other** | 1 | 0.2% | 4 | 0.7% | 9 | 1.9% | 14 | 1.0% |
| **Missing** | 3 | 1.0% | 1 | 0.2% | 1 | 0.1% | 5 | 0.3% |
| **Total** | 278 | 100.0% | 533 | 100.0% | 455 | 100.0% | 1,266 | 100.0% |

**Tables 19-33 display various insurance statistics for employed adults.**

***Table 19. Employment Status, by Age.***
***2003 Wisconsin employed adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,132 .***

| Employment Status | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| **Employer** | 535 | 72.1% | 1,020 | 78.1% | 825 | 66.1% | 2,379 | 72.2% |
| **Self Employed** | 23 | 3.1% | 108 | 8.2% | 135 | 10.8% | 266 | 8.0% |
| **Both** | 7 | 1.0% | 18 | 1.3% | 10 | 0.7% | 35 | 1.0% |
| **Not Employed** | 175 | 23.6% | 157 | 12.0% | 275 | 22.0% | 608 | 18.4% |
| **Missing** | 0 | 0.0% | 2 | 0.1% | 1 | 0.1% | 4 | 0.1% |
| **Total** | 741 | 100.0% | 1,305 | 100.0% | 1,246 | 100.0% | 3,293 | 100.0% |

***Table 20. Employment Sector, by Age.***
***2003 Wisconsin employed adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,132 .***

| Employment Sector | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| **Private Company, Business** | 419 | 74.5% | 746 | 65.3% | 552 | 57.1% | 1,717 | 64.3% |
| **Government** | 51 | 9.1% | 161 | 14.1% | 154 | 15.9% | 367 | 13.7% |
| **Self-Employed** | 23 | 4.1% | 108 | 9.4% | 135 | 13.9% | 266 | 9.9% |
| **Non-Profit/Other** | 68 | 12.1% | 125 | 10.9% | 125 | 12.9% | 318 | 11.9% |
| **Total** | 562 | 100.0% | 1,140 | 100.0% | 966 | 100.0% | 2,669 | 100.0% |

***Table 21. Employer Sponsored Insurance, by Employment Sector.***
***2003 Wisconsin employed adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,132 .***

| Employer Sponsored Insurance | Employment Sector | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Private Company, Business | | Government | | Self-Employed | | Non-Profit/Other | | | |
| | N | % | N | % | N | % | N | % | N | % |
| **Yes, Has Plan** | 1,472 | 85.6% | 349 | 94.9% | 137 | 51.4% | 286 | 89.3% | 2,245 | 83.9% |
| **No, Does Not Have Plan Or DK.** | 247 | 14.3% | 19 | 5.0% | 129 | 48.5% | 34 | 10.6% | 429 | 16.0% |
| **Total** | 1,720 | 100.0% | 368 | 100.0% | 266 | 100.0% | 320 | 100.0% | 2,674 | 100.0% |

***Table 22. Policy Holder, by Employment Sector.***
***2003 Wisconsin employed adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,132 .***

| Employment Sector | Policy Holder | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Policyholder | | Not Policyholder | | Uninsured | | | |
| | N | % | N | % | N | % | N | % |
| **Private Company, Business** | 1,042 | 60.6% | 551 | 32.0% | 126 | 7.3% | 1,720 | 100.0% |
| **Government** | 271 | 73.6% | 90 | 24.4% | 7 | 1.9% | 368 | 100.0% |
| **Self-Employed** | 92 | 34.4% | 144 | 54.1% | 30 | 11.3% | 266 | 100.0% |
| **Non-Profit/Other** | 207 | 64.8% | 104 | 32.4% | 9 | 2.7% | 320 | 100.0% |
| **Total** | 1,613 | 60.3% | 889 | 33.2% | 172 | 6.4% | 2,674 | 100.0% |

***Table 23. Policy Holder, by Poverty Status.***
***2003 Wisconsin employed adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,132.***

| Policy Holder | Poverty Status | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Less Than 100% | | 100-199% | | 200% Or More | | Missing | | | |
| | N | % | N | % | N | % | N | % | N | % |
| **Policyholder** | 27 | 26.7% | 157 | 47.1% | 1,396 | 63.5% | 41 | 70.5% | 1,621 | 60.2% |
| **Not Policyholder** | 51 | 50.1% | 118 | 35.4% | 719 | 32.7% | 6 | 9.5% | 893 | 33.1% |
| **Uninsured** | 23 | 23.0% | 58 | 17.4% | 82 | 3.7% | 12 | 19.8% | 175 | 6.5% |
| **Total** | 101 | 100.0% | 333 | 100.0% | 2,197 | 100.0% | 58 | 100.0% | 2,690 | 100.0% |

***Table 24. Policy Holder, by Employer Size.***
***2003 Wisconsin employed adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,132 .***

| Policy Holder | Employer Size | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | More Than 50 | | 50 Or Fewer | | Missing | | | |
| | N | % | N | % | N | % | N | % |
| **Policyholder** | 1,207 | 71.2% | 303 | 44.1% | 20 | 44.1% | 1,530 | 63.1% |
| **Not Policyholder** | 426 | 25.1% | 305 | 44.5% | 17 | 37.7% | 749 | 30.8% |
| **Uninsured** | 60 | 3.5% | 77 | 11.2% | 8 | 18.1% | 145 | 5.9% |
| **Total** | 1,694 | 100.0% | 685 | 100.0% | 45 | 100.0% | 2,424 | 100.0% |

***Table 25. Policy Holder, by Employer Offered Insurance.***
***2003 Wisconsin employed adult population estimates, in thousands of persons.***
***Source: 2003 Family Health Survey, Department of Health and Family Services.***
***Sample size: n = 3,132 .***

| Policy Holder | Employer Offered Insurance | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Not Offered | | Offered & Taken | | Offered, Declined | | | |
| | N | % | N | % | N | % | N | % |
| **Policyholder** | 36 | 8.9% | 1,463 | 99.8% | 19 | 4.1% | 1,518 | 65.3% |
| **Not Policyholder** | 285 | 70.0% | 3 | 0.1% | 385 | 85.7% | 673 | 28.9% |
| **Uninsured** | 85 | 21.0% | . | . | 45 | 10.0% | 131 | 5.6% |
| **Total** | 407 | 100.0% | 1,466 | 100.0% | 449 | 100.0% | 2,322 | 100.0% |

*Table 26. Policy Holder, by Employer Offered Insurance.*
*2003 Wisconsin adults with employer-sponsored insurance estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 2,608 .*

| Policy Holder | Employer Offered Insurance | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Not Offered | | Offered & Taken | | Offered, Declined | | | |
| | N | % | N | % | N | % | N | % |
| Policyholder | 16 | 6.8% | 1,463 | 99.8% | 10 | 2.7% | 1,489 | 72.4% |
| Not Policyholder | 213 | 93.1% | 3 | 0.1% | 349 | 97.2% | 566 | 27.5% |
| Total | 229 | 100.0% | 1,466 | 100.0% | 359 | 100.0% | 2,054 | 100.0% |

*Table 27. Employee Contribution to Premium, by Employment Sector.*
*2003 Wisconsin adult policyholders of employer-sponsored insurance estimates, in thousands.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 1,776 .*

| Employee Contributio to Premiun | Employment Sector | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Government | | Private Company, Business | | Non-Profit Organization | | Other (Specify) | | Missing | | Total | |
| | N | % | N | % | N | % | N | % | N | % | N | % |
| All | 17 | 6.7% | 84 | 8.6% | 10 | 7.3% | 9 | 14.2% | 1 | 9.3% | 120 | 8.4% |
| Most | 5 | 1.8% | 65 | 6.7% | 10 | 7.3% | 4 | 6.2% | 2 | 25.6% | 85 | 5.9% |
| None | 74 | 28.7% | 124 | 12.9% | 17 | 12.4% | 7 | 11.0% | 2 | 32.8% | 224 | 15.7% |
| Some | 162 | 62.6% | 690 | 71.6% | 97 | 72.8% | 43 | 68.4% | 2 | 32.0% | 994 | 69.8% |
| Total | 258 | 100.0% | 963 | 100.0% | 133 | 100.0% | 63 | 100.0% | 7 | 100.0% | 1,424 | 100.0% |

*Table 28. Employer Offered Insurance, by Employment Sector.*
*2003 Wisconsin employed adults (excluding self-employed) estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 2,808 .*

| Employer Offered Insurance | Employment Sector | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | Private Company, Business | | Government | | Non-Profit/Other | | | |
| | N | % | N | % | N | % | N | % |
| **Not Offered** | 308 | 18.7% | 51 | 14.3% | 46 | 14.8% | 406 | 17.5% |
| **Offered & Taken** | 999 | 60.7% | 264 | 74.1% | 195 | 62.9% | 1,457 | 63.0% |
| **Offered, Declined** | 337 | 20.5% | 41 | 11.4% | 69 | 22.2% | 447 | 19.3% |
| **Total** | 1,644 | 100.0% | 356 | 100.0% | 309 | 100.0% | 2,310 | 100.0% |

*Table 29. Employer Offered Insurance, by Employer Size.*
*2003 Wisconsin employed adults (excluding self-employed) estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 2,808 .*

| Employer Offered Insurance | Employer Size | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | More Than 50 | | 50 Or Fewer | | Missing | | | |
| | N | % | N | % | N | % | N | % |
| **Not Offered** | 163 | 9.9% | 226 | 35.0% | 18 | 44.2% | 407 | 17.5% |
| **Offered & Taken** | 1,186 | 72.4% | 264 | 40.7% | 17 | 41.7% | 1,466 | 63.1% |
| **Offered, Declined** | 287 | 17.5% | 156 | 24.1% | 6 | 13.9% | 449 | 19.3% |
| **Total** | 1,636 | 100.0% | 646 | 100.0% | 40 | 100.0% | 2,322 | 100.0% |

*Table 30. Employer Offered Insurance, by Full or Part-Time Employment.*
*2003 Wisconsin employed adults (excluding self-employed) estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 2,808 .*

| Employer Offered Insurance | Full or Part-Time Employment | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 30+ Hours, Full Time | | Less Than 30 Hours, Part Time | | DK Or Refused, And Is Working. | | | |
| | N | % | N | % | N | % | N | % |
| **Not Offered** | 207 | 10.2% | 196 | 65.9% | 3 | 73.9% | 407 | 17.5% |
| **Offered & Taken** | 1,426 | 70.5% | 40 | 13.3% | 0 | 3.9% | 1,466 | 63.1% |
| **Offered, Declined** | 387 | 19.1% | 62 | 20.7% | 1 | 22.0% | 449 | 19.3% |
| **Total** | 2,020 | 100.0% | 298 | 100.0% | 4 | 100.0% | 2,322 | 100.0% |

*Table 31. Employer Offered Insurance, by Age.*
*2003 Wisconsin employed adults (excluding self-employed) estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 2,808 .*

| Employer Offered Insurance | Age | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|
| | 18-29 | | 30-44 | | 45-64 | | | |
| | N | % | N | % | N | % | N | % |
| **Not Offered** | 191 | 37.9% | 129 | 12.7% | 87 | 10.7% | 407 | 17.5% |
| **Offered & Taken** | 232 | 46.1% | 654 | 64.6% | 576 | 71.7% | 1,463 | 63.1% |
| **Offered, Declined** | 80 | 15.9% | 228 | 22.5% | 140 | 17.4% | 449 | 19.3% |
| **Total** | 504 | 100.0% | 1,011 | 100.0% | 803 | 100.0% | 2,318 | 100.0% |

*Table 32. Employer Offered Insurance, by Poverty Status.*
*2003 Wisconsin employed adults (excluding self-employed) estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 2,808 .*

| Employer Offered Insurance | Poverty Status | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Less Than 100% | | 100-199% | | 200% Or More | | Missing | | | |
| | N | % | N | % | N | % | N | % | N | % |
| **Not Offered** | 37 | 46.0% | 93 | 33.5% | 267 | 13.9% | 9 | 20.6% | 407 | 17.5% |
| **Offered & Taken** | 25 | 30.6% | 132 | 47.4% | 1,276 | 66.4% | 34 | 74.5% | 1,466 | 63.1% |
| **Offered, Declined** | 19 | 23.2% | 53 | 18.9% | 376 | 19.5% | 2 | 4.7% | 449 | 19.3% |
| **Total** | 81 | 100.0% | 277 | 100.0% | 1,918 | 100.0% | 45 | 100.0% | 2,322 | 100.0% |

*Table 33. Employer Offered Insurance, by Source of Insurance.*
*2003 Wisconsin employed adults (excluding self-employed) estimates, in thousands of persons.*
*Source: 2003 Family Health Survey, Department of Health and Family Services.*
*Sample size: n = 2,808 .*

| Employer Offered Insurance | Source of Insurance | | | |
|---|---|---|---|---|
| | Ins thru this employer | | Ins, not thru this employer | |
| | N | % | N | % |
| **Not Offered** | 317 | 14.5% | 405 | 47.4% |
| **Offered & Taken** | 1,466 | 67.0% | . | . |
| **Offered, Declined** | 404 | 18.5% | 449 | 52.5% |
| **Total** | 2,187 | 100.0% | 854 | 100.0% |

**APPENDIX XII**

**2004**

# Wisconsin
# Health Insurance Coverage

*Bureau of Health Information and Policy*
***Division of Public Health***
***Wisconsin Department of Health and Family Services***

# Wisconsin
# Health Insurance Coverage

# 2004

**September 2005**

*Bureau of Health Information and Policy*
*Division of Public Health*
*Wisconsin Department of Health and Family Services*

# Foreword

This report on health insurance coverage in Wisconsin is based on information from the 2004 Wisconsin Family Health Survey.

This report was compiled in the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy (BHIP). Ann Spooner, Family Health Survey manager, created the final data set. Stephanie Ward was assisted in the production of this report by Eleanor Cautley and Chris Miller. Patricia Nametz edited the report. It was prepared under the supervision of Christine Hill-Sampson, Section Chief, Population Health Information Section, and the overall direction of Susan Wood, Director, Bureau of Health Information and Policy.

Survey sampling and interviewing were conducted by the University of Wisconsin Survey Center.

The Division of Health Care Financing and the Division of Public Health contributed funding for the Family Health Survey.

The Bureau of Health Information and Policy greatly appreciates the cooperation of the 2,441 survey respondents. We thank them for their contribution to making this information available.

This report is available on the Department of Health and Family Services Web site at the following address: http://dhfs.wisconsin.gov/stats/familyhealthsurvey.htm

Comments, suggestions and requests for further information about this report and the Family Health Survey may be addressed to Stephanie Ward at:

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## Introduction

The Wisconsin Family Health Survey (FHS) collects information about health insurance coverage, health status, health problems and use of health care services among Wisconsin residents. This survey was started in 1989 and has been conducted annually since that time.

The survey results presented in this report are representative of Wisconsin household residents, who constitute approximately 97 percent of all persons residing in the state. (Non-household residents, including persons living in nursing homes, dormitories, prisons and other institutions, constitute the remaining 3 percent not represented by this survey.) Additional information about the survey design and the results presented here is included in the Technical Notes at the end of this document.

In the Family Health Survey, trained interviewers telephone a random sample of households and ask to speak with the household member most knowledgeable about the health of all household members. This respondent provides information for all people living in the household at the time of the interview. In 2004, the FHS interviewed respondents in 2,441 households; these households included 6,330 persons. Background characteristics, such as age, race, sex, poverty status, employment status and education, are also obtained for all persons in the household.

The tables in this report show estimated percentages of Wisconsin residents based on survey responses. These estimates should not be treated as precise results because they are derived from a sample. A 95 percent confidence interval ($\pm$) is printed in a column next to each percentage estimate; this means that 95 percent of similar surveys would obtain an estimate within the confidence interval specified. Tables also include estimated numbers of the Wisconsin household population, based on the weighted sample. Confidence intervals, weighting procedures and statistical tests for significance are described in the Technical Notes at the end of this document, as are variables used in this report, such as insurance coverage, poverty status and metropolitan areas.

## Key Findings

**Comparison of 2003 and 2004**

- A comparison between 2003 (4%) and 2004 (5%) estimates of the percent without health insurance for all of the past year shows a statistically significant increase in 2004.

- There was a statistically significant increase in the estimates of the currently uninsured from 2003 (6%) to 2004 (7%).

**Coverage Over the Past Year**

- The majority of Wisconsin household residents were covered by health insurance for an entire year, based on findings of the 2004 Wisconsin Family Health Survey. Eighty-nine percent of Wisconsin residents had insurance for all 12 months prior to the survey interview, 5 percent had insurance for some of the past 12 months, and 5 percent had no insurance coverage at all during the past 12 months (see Table 1). The survey was conducted from February through December, 2004.

- An estimated 4.8 million state residents were insured for all 12 months prior to the survey; 270,000 were insured part of the past year and uninsured part of the year; 275,000 had no insurance coverage during the past year.

- Among working-age adults, ages 18 to 64, those working full time for an employer were without health insurance for the entire past year at a lower rate (5%) than were the full-time self-employed (10%).

- Adults age 65 and older had the highest proportion insured among all age groups, with 99 percent insured for the entire past year.

- The proportion without health insurance coverage for the entire year was higher among Hispanic residents (30%) than among non-Hispanic whites (4%) and non-Hispanic blacks (9%). It was also higher among poor residents (13%) than among near-poor (9%) and non-poor (3%) residents.

- Eleven percent of children, ages 0-17, living in poor households were uninsured for part or all of the past year, compared to 12 percent of children in near-poor households and 4 percent of children in non-poor households.

***Current Coverage (Point-in-Time)***

- At any point in time during 2004, an estimated 5 million Wisconsin household residents were covered by health insurance, while about 377,000 residents were uninsured. This is an estimated 7 percent of the state's household population without health insurance at one point in time (Table 2).

- Younger adults, ages 18 to 44, were more likely to be uninsured than other age groups (12% uninsured in 2004). Conversely, close to 100 percent of all adults age 65 and older were reported to have insurance coverage at any point in time.

- Black and Hispanic adults ages 18-64 were more likely to be uninsured than were white adults of the same age.

**Type of Health Insurance Coverage**

- Employer-sponsored insurance is the most prevalent type of coverage for people aged 0-64; it covers just over three-quarters of all people in this age group (Table 3).

- Among adults age 65 and older, 95 percent have Medicare coverage and 4 percent have Medicaid coverage (Figure 6).

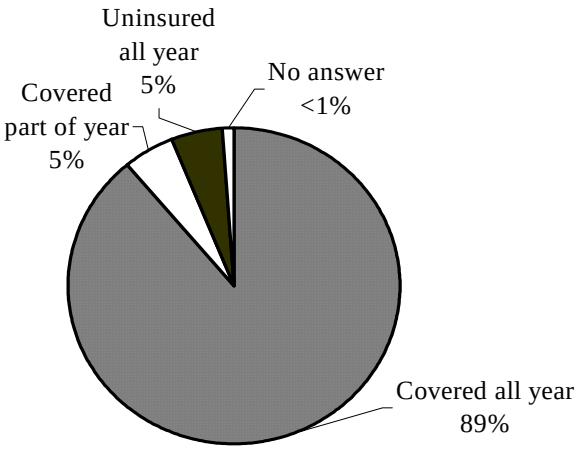
- An estimated 9 percent of Wisconsin household residents have Medicaid coverage, including BadgerCare, Healthy Start, and other forms of Wisconsin Medicaid. Some also have other types of insurance in addition to Medicaid--either private insurance or Medicare. Among Wisconsin children, an estimated 19 percent have Medicaid coverage (Figure 6).

# Health Insurance Coverage Over Past Year

Based on results of the 2004 Family Health Survey, the majority of Wisconsin residents in 2004 had health insurance for the entire past year. That is, they were continuously covered during the 12 months prior to the survey interview. An estimated 4.8 million residents (89%) were insured for all of the past 12 months.

An estimated 275,000 Wisconsin household residents (5%) had no health insurance of any kind during the past 12 months. Another 270,000 residents (5%) had health insurance for part of the year and were uninsured for part of the year. Together, an estimated total of 546,000 residents (10%) were uninsured during part or all of the past year (Figure 1). Those less likely to be insured for the entire year were people aged 18-44, blacks, Hispanics, those living in the city of Milwaukee and those with low incomes (see Table 1, pages 6-7).

**Figure 1. Health Insurance Coverage Over Past Year, Wisconsin 2004**




Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

These estimates were obtained by asking survey respondents about their health insurance coverage for the 12 months prior to the interview in 2004. Respondents were asked about all kinds of private and government health insurance, including Medicare, Medical Assistance, BadgerCare, employer-provided coverage, and insurance bought directly from an insurance agent or insurance company. Respondents were also asked about whether they were covered for all 12 months since (date one year ago), or covered for part of that time, or not covered at all by health insurance since (date one year ago). (These questions were asked for all household members.)

**Comparisons with national data.** In the past, the FHS estimate of household residents who were uninsured for the entire year has been smaller than the estimate of persons uninsured for an entire calendar year produced by the U.S. Census Bureau's Current Population Survey. The differences between these two estimates are due primarily to differing survey methods (see Technical Notes, page 29). Current Population Survey results are useful in comparing Wisconsin to other states, while the FHS estimate is preferable for descriptions of Wisconsin's population.

**Table 1. Health Insurance Coverage Over Past Year, Wisconsin 2004**

| | Insured All Year | | Insured Part of Year | | | |
|---|---|---|---|---|---|---|
| | Percent | (C.I.±) | Percent | C.I.±) | Number | (C.I.±) |
| **Total** | **89%** | **(1%)** | **5%** | **(1)** | **270,000** | **(29,000)** |
| **Age Groups** | | | | | | |
| 0-17 | 93 | (1) | 4 | (1) | 57,000 | (13,000) |
| 18-44 | 82 | (2) | 8 | (1) | 163,000 | (24,000) |
| 45-64 | 92 | (1) | 4 | (1) | 46,000 | (11,000) |
| 65+ | 99 | (1) | 1 | (1) | 4,000 | (4,000) |
| 18-64 | 86 | (1) | 6 | (1) | 209,000 | (26,000) |
| **Sex and Age Groups** | | | | | | |
| **Male (Ages 18+)** | **86** | **(1)** | **6** | **(1)** | **116,000** | **(19,000)** |
| 18-44 | 79 | (2) | 9 | (2) | 89,000 | (18,000) |
| 45-64 | 92 | (2) | 4 | (1) | 27,000 | (9,000) |
| 65+ | 99 | (1) | -- | (1) | 1,000 | (2,000) |
| **Female (Ages 18+)** | **90** | **(1)** | **5** | **(1)** | **97,000** | **(17,000)** |
| 18-44 | 85 | (3) | 7 | (2) | 74,000 | (16,000) |
| 45-64 | 92 | (2) | 3 | (1) | 19,000 | (7,000) |
| 65+ | 99 | (1) | 1 | (1) | 3,000 | (3,000) |
| **Race/Ethnicity and Age Groups** | | | | | | |
| **All Ages** | | | | | | |
| White, non-Hispanic | 91 | (1) | 4 | (1) | 199,000 | (25,000) |
| Black, non-Hispanic | 79 | (3) | 11 | (3) | 34,000 | (8,000) |
| Hispanic | 62 | (7) | 8 | (4) | 16,000 | (8,000) |
| **Ages 0-17** | | | | | | |
| White, non-Hispanic | 95 | (1) | 3 | (1) | 36,000 | (11,000) |
| Black, non-Hispanic | 84 | (5) | 11 | (4) | 12,000 | (5,000) |
| **Ages 18-64** | | | | | | |
| White, non-Hispanic | 89 | (1) | 5 | (1) | 159,000 | (23,000) |
| Black, non-Hispanic | 73 | (5) | 12 | (4) | 22,000 | (6,000) |
| Hispanic | 45 | (10) | 10 | (6) | 11,000 | (6,000) |
| **Residence** | | | | | | |
| City of Milwaukee | 83 | (2) | 7 | (2) | 46,000 | (10,000) |
| Other Metropolitan (excluding City of Milwaukee) | 91 | (1) | 4 | (1) | 136,000 | (21,000) |
| Nonmetropolitan | 88 | (2) | 6 | (1) | 88,000 | (17,000) |
| **Poverty Status** | | | | | | |
| Poor | 77 | (3) | 9 | (2) | 45,000 | (11,000) |
| Near-poor | 80 | (2) | 10 | (2) | 90,000 | (17,000) |
| Not poor | 93 | (1) | 4 | (1) | 134,000 | (21,000) |
| **Employment** | | | | | | |
| **Ages 0-17** | | | | | | |
| Live with employed adult(s) | 93 | (1) | 4 | (1) | 50,000 | (12,000) |
| Live with no employed adult(s) | 87 | (6) | 8 | (5) | 8,000 | (4,000) |
| **Ages 18-64** | | | | | | |
| Employed full-time | 89 | (1) | 6 | (1) | 116,000 | (19,000) |
| Self-employed full-time | 82 | (4) | 8 | (3) | 17,000 | (6,000) |
| Employed part-time | 84 | (3) | 5 | (2) | 21,000 | (8,000) |

**Table 1. Health Insurance Coverage Over Past Year, Wisconsin 2004 (continued)**

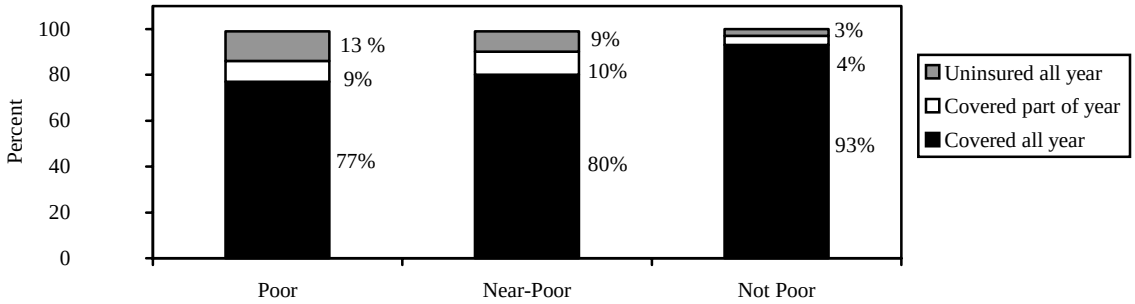
| | Uninsured All Year | | | |
|---|---|---|---|---|
| | Percent | (C.I.±) | Number | (C.I.±) |
| **Total** | **5%** | **(1%)** | **275,000** | **(29,000)** |
| **Age Groups** | | | | |
| 0-17 | 3 | (1) | 34,000 | (10,000) |
| 18-44 | 9 | (1) | 180,000 | (27,000) |
| 45-64 | 4 | (1) | 58,000 | (12,000) |
| 65+ | -- | (--) | 3,000 | (3,000) |
| 18-64 | 7 | (1) | 238,000 | (27,000) |
| **Sex and Age Groups** | | | | |
| **Male (Ages 18+)** | **7** | **(1)** | **136,000** | **(20,000)** |
| 18-44 | 10 | (2) | 109,000 | (20,000) |
| 45-64 | 4 | (1) | 26,000 | (8,000) |
| 65+ | -- | (1) | 1,000 | (2,000) |
| **Female (Ages 18+)** | **5** | **(1)** | **106,000** | **(18,000)** |
| 18-44 | 7 | (2) | 72,000 | (16,000) |
| 45-64 | 5 | (1) | 32,000 | (9,000) |
| 65+ | -- | (1) | 2,000 | (2,000) |
| **Race/Ethnicity and Age Groups** | | | | |
| **All Ages** | | | | |
| White, non-Hispanic | 4 | (1) | 174,000 | (24,000) |
| Black, non-Hispanic | 9 | (2) | 28,000 | (7,000) |
| Hispanic | 30 | (7) | 57,000 | (12,000) |
| **Ages 0-17** | | | | |
| White, non-Hispanic | 2 | (1) | 18,000 | (8,000) |
| Black, non-Hispanic | 4 | (3) | 4,000 | (3,000) |
| **Ages 18-64** | | | | |
| White, non-Hispanic | 5 | (1) | 154,000 | (22,000) |
| Black, non-Hispanic | 13 | (4) | 24,000 | (7,000) |
| Hispanic | 45 | (10) | 48,000 | (11,000) |
| **Residence** | | | | |
| City of Milwaukee | 9 | (2) | 58,000 | (11,000) |
| Other Metropolitan (excluding City of Milwaukee) | 4 | (1) | 127,000 | (21,000) |
| Nonmetropolitan | 6 | (1) | 90,000 | (17,000) |
| **Poverty Status** | | | | |
| Poor | 13 | (3) | 64,000 | (13,000) |
| Near-poor | 9 | (2) | 84,000 | (16,000) |
| Not poor | 3 | (1) | 113,000 | (19,000) |
| **Employment** | | | | |
| **Ages 0-17** | | | | |
| Live with employed adult(s) | 3 | (1) | 31,000 | (10,000) |
| Live with no employed adult(s) | 3 | (3) | 3,000 | (3,000) |
| **Ages 18-64** | | | | |
| Employed full-time | 5 | (1) | 93,000 | (17,000) |
| Self-employed full-time | 10 | (4) | 23,000 | (7,000) |
| Employed part-time | 10 | (3) | 38,000 | (11,000) |

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.
A dash (--) indicates 0.5% or less, or fewer than 1,000 persons.

In 2004, 22 percent of the poor and 19 percent of the near-poor were uninsured during part or all of the past year. In comparison, only 7 percent of non-poor residents had been uninsured during the year (Figure 2). Overall, 10 percent of all Wisconsin residents were uninsured during part or all of the past year (see Table 1, pages 6-7).

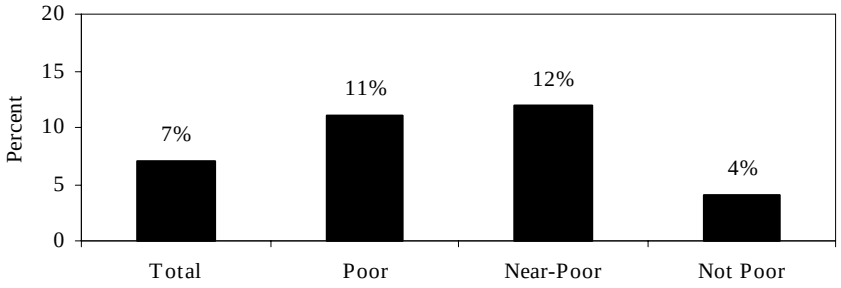
**Figure 2. Health Insurance Coverage Over Past Year by Poverty Status, Wisconsin 2004**




Source: 2004 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

In 2004, about 91,000 Wisconsin children (7 percent of the 1,310,000 children in the state) were uninsured for part or all of the past year. Eleven percent of children living in poor households (20,000) and 12 percent of children living in near-poor households (33,000) had no health insurance during part or all of the past year (Figure 3). This contrasts with 4 percent of children living in non-poor households (36,000) who had no insurance during part or all of the past year.

**Figure 3. Children Uninsured for Part or All of Past Year**
by Household Poverty Status, Wisconsin 2004

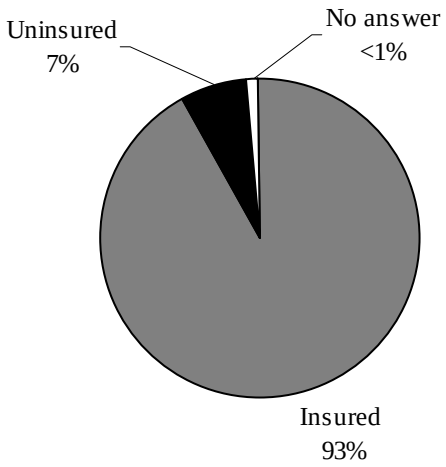



Source: 2004 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

## *Current Health Insurance Coverage*

The great majority of Wisconsin household residents have health insurance (counting both private and public coverage). In 2004, an estimated 4,955,000 Wisconsin household residents (93%) had health insurance and 377,000 (7%) did not. This estimate is a "snapshot" of Wisconsin at one point in time (Figure 4). (Respondents report on the health insurance coverage of each household member at the time of the survey interview; interviews are conducted throughout the year.)
The highest proportion insured is among older adults (age 65 and older), among whom nearly 100 percent are insured. Those significantly less likely to report having insurance were non-Hispanic blacks, Hispanics, and those aged 18-44 (see Table 2, page 10).

**Figure 4. Current Health Insurance Coverage, Wisconsin 2004**




Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

These data were obtained by asking respondents several questions about their current health insurance coverage. Separate questions were asked about Medicare, Wisconsin Medicaid (including Healthy Start and BadgerCare), private health insurance, employer-sponsored health insurance and other kinds of health care coverage for each household member. Those without any current health care coverage were considered uninsured at the time of the interview. (See Table 3, page 12, for specific types of health insurance coverage.)

**Table 2. Current Health Insurance Coverage, Wisconsin 2004**

| | Insured | | Uninsured | | | |
|---|---|---|---|---|---|---|
| | Percent | (C.I.±) | Percent | (C.I.±) | Number | (C.I.±) |
| **Total** | **93%** | **(1%)** | **7%** | **(1%)** | **377,000** | **(34,000)** |
| **Age Groups** | | | | | | |
| 0-17 | 96 | (1) | 4 | (1) | 55,000 | (13,000) |
| 18-44 | 88 | (1) | 12 | (1) | 243,000 | (28,000) |
| 45-64 | 94 | (1) | 6 | (1) | 77,000 | (14,000) |
| 65+ | 100* | (--) | -- | (--) | 3,000 | (3,000) |
| 18-64 | 90 | (1) | 10 | (1) | 319,000 | (31,000) |
| **Sex and Age Groups** | | | | | | |
| **Male (Ages 18+)** | **90** | **(1)** | **10** | **(1)** | **188,000** | **(24,000)** |
| 18-44 | 85 | (2) | 14 | (2) | 148,000 | (22,000) |
| 45-64 | 94 | (2) | 6 | (2) | 38,000 | (10,000) |
| 65+ | 100* | (1) | -- | (1) | 1,000 | (2,000) |
| **Female (Ages 18+)** | **93** | **(1)** | **7** | **(1)** | **134,000** | **(20,000)** |
| 18-44 | 91 | (2) | 9 | (2) | 94,000 | (18,000) |
| 45-64 | 94 | (2) | 6 | (2) | 38,000 | (10,000) |
| 65+ | 100* | (1) | -- | (1) | 2,000 | (2,000) |
| **Race/Ethnicity and Age Groups** | | | | | | |
| **All Ages** | | | | | | |
| White, non-Hispanic | 94 | (1) | 5 | (1) | 246,000 | (28,000) |
| Black, non-Hispanic | 85 | (3) | 15 | (3) | 45,000 | (9,000) |
| Hispanic | 66 | (7) | 34 | (7) | 64,000 | (13,000) |
| **Ages 0-17** | | | | | | |
| White, non-Hispanic | 97 | (1) | 3 | (1) | 30,000 | (10,000) |
| Black, non-Hispanic | 91 | (4) | 9 | (4) | 10,000 | (4,000) |
| **Ages 18-64** | | | | | | |
| White, non-Hispanic | 92 | (1) | 7 | (1) | 215,000 | (26,000) |
| Black, non-Hispanic | 80 | (4) | 20 | (4) | 35,000 | (8,000) |
| Hispanic | 52 | (10) | 48 | (10) | 52,000 | (11,000) |
| **Residence** | | | | | | |
| City of Milwaukee | 87 | (2) | 13 | (2) | 79,000 | (13,000) |
| Other Metropolitan (excluding City of Milwaukee) | 94 | (1) | 6 | (1) | 179,000 | (24,000) |
| Nonmetropolitan | 92 | (1) | 8 | (1) | 119,000 | (19,000) |
| **Poverty Status** | | | | | | |
| Poor | 83 | (3) | 16 | (3) | 79,000 | (14,000) |
| Near-poor | 87 | (2) | 13 | (2) | 121,000 | (19,000) |
| Not poor | 95 | (1) | 4 | (1) | 164,000 | (23,000) |
| **Employment** | | | | | | |
| **Ages 0-17** | | | | | | |
| Live with employed adult(s) | 96 | (1) | 4 | (1) | 51,000 | (12,000) |
| Live with no employed adult(s) | 95 | (4) | 4 | (3) | 4,000 | (3,000) |
| **Ages 18-64** | | | | | | |
| Employed full-time | 93 | (1) | 7 | (1) | 136,000 | (21,000) |
| Self-employed full-time | 88 | (4) | 12 | (4) | 27,000 | (9,000) |
| Employed part-time | 88 | (3) | 11 | (3) | 45,000 | (12,000) |

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 29.

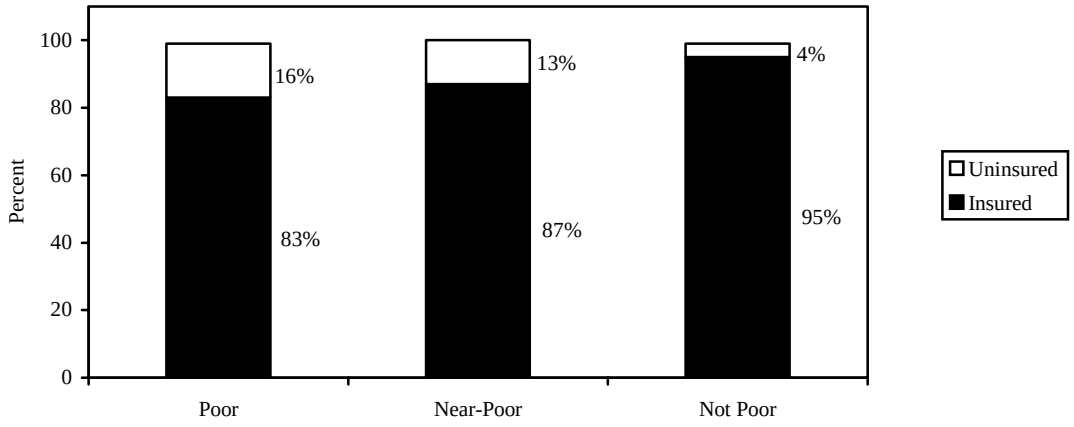
A dash (--) indicates 0.5% or less, or fewer than 1,000 persons.

* Rounded percentage: actual percentage more than 99.5 percent.

The estimated proportion uninsured was highest among the poor (16%) compared with near-poor and non-poor residents (13% and 4%, respectively) (Figure 5).

Poverty status is determined by household size at the time of the survey and household income in the calendar year preceding the survey. A household of four people was considered "poor" (below the federal poverty guideline) in the 2004 survey if total income was below $18,000 (see Table 10, Technical Notes). The "near-poor" category includes all people in households where the income was greater than the poverty guideline but less than twice the guideline. For a household of four, this was $37,000. All others (in households with income twice the poverty guideline or higher) were considered "not poor."

**Figure 5. Insured and Uninsured by Poverty Status, Wisconsin 2004**




Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Type of health insurance coverage varies by age (Tables 3 and 4). The majority of working-age people (ages 18-64) have employer-sponsored insurance (76%, not shown in table). The majority of children (ages 0-17) are also covered by employer-sponsored insurance (75%). The highest percentage of Medicaid coverage among all age groups is among children (17%).

The types of insurance in Tables 3 and 4 are mutually exclusive. A person who has two types of insurance is included in only one column. For example, a child with both employer-sponsored and Medicaid coverage is included only in the employer-sponsored column.

**Table 3. Health Insurance Coverage by Type, Ages 0-64, Wisconsin 2004**

| | Type of Health Insurance | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Employer-Sponsored** | | **Private** | | **Medicaid** | | **Other Types** | | **No Health Insurance** | |
| | Percent | (C.I.+) | Percent | (C.I.+) | Percent | (C.I.+) | Percent | (C.I.+) | Percent | (C.I.+) |
| **Ages 0-64** | 76% | (1) | 5% | (1) | 9% | (1) | 2% | (--) | 8% | (1) |
| **0-17** | 75 | (2) | 3 | (1) | 17 | (2) | 1 | (1) | 4 | (1) |
| **18-44** | 73 | (2) | 5 | (1) | 8 | (1) | 1 | (1) | 12 | (1) |
| **45-64** | 80 | (2) | 6 | (1) | 4 | (1) | 3 | (1) | 6 | (1) |

Source: 2004 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes:

C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

A dash (--) indicates 0.5% or less.

The columns in this table, types of health insurance, are mutually exclusive.

***Employer-Sponsored*** insurance is coverage provided by or through an employer. The insurance policyholder and any covered dependents are included here. Everyone with employer-sponsored coverage is represented in this column, including people with other types of insurance (such as Medicaid or private) in combination with employer-sponsored coverage.

***Private*** insurance includes individually purchased coverage. Some people in this category also have Medicaid coverage.

***Medicaid*** includes BadgerCare, Healthy Start, and other Medicaid types. This column includes anyone with other types of insurance in combination with Medicaid, except for those in the "Employer-Sponsored" and "Private" columns.

***Other Types*** includes military coverage (Tricare, VA, CHAMP-VA), Health Insurance Risk Sharing Plan (HIRSP), GAMP, and other types, including combinations not in other columns.

Six percent of people under age 65 had two or more types of insurance coverage.

**Table 4. Health Insurance Coverage by Type, Age 65 and Older, Wisconsin 2004**

| | Type of Health Insurance | | | | | |
|---|---|---|---|---|---|---|
| | No Health Insurance | | Insured, No Medicare | | Medicare Only | |
| | Percent | (C.I.+) | Percent | (C.I.+) | Percent | (C.I.+) |
| **Ages 65+** | -- | (--) | 5% | (1) | 8% | (2) |
| **65-74** | 1 | (1) | 7 | (2) | 7 | (2) |
| **75+** | -- | (--) | 2 | (1) | 10 | (3) |

| | Medicare and Employer-Sponsored | | Medicare and Medigap | | Medicare and Private | | Medicare and Other | |
|---|---|---|---|---|---|---|---|---|
| | Percent | (C.I.+) | Percent | (C.I.+) | Percent | (C.I.+) | Percent | (C.I.+) |
| **Ages 65+** | 38% | (3) | 38% | (3) | 6% | (2) | 6% | (2) |
| **65-74** | 41 | (4) | 39 | (4) | 2 | (1) | 4 | (2) |
| **75+** | 33 | (5) | 38 | (5) | 10 | (3) | 7 | (3) |

Source: 2004 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes:

C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

A dash (--) indicates 0.5% or less.

The columns in this table, types of health insurance, are mutually exclusive.

***Insured, No Medicare*** includes anyone with one or more types of insurance, but not Medicare.

***Medicare Only*** includes anyone who has only Medicare without any other type of insurance.

***Medicare and Employer-Sponsored*** includes anyone who has Medicare in combination with employer-sponsored insurance. Some in this group have Medigap (supplemental insurance policies to cover expenses not paid for by Medicare), private, military, or Medicaid coverage as well.

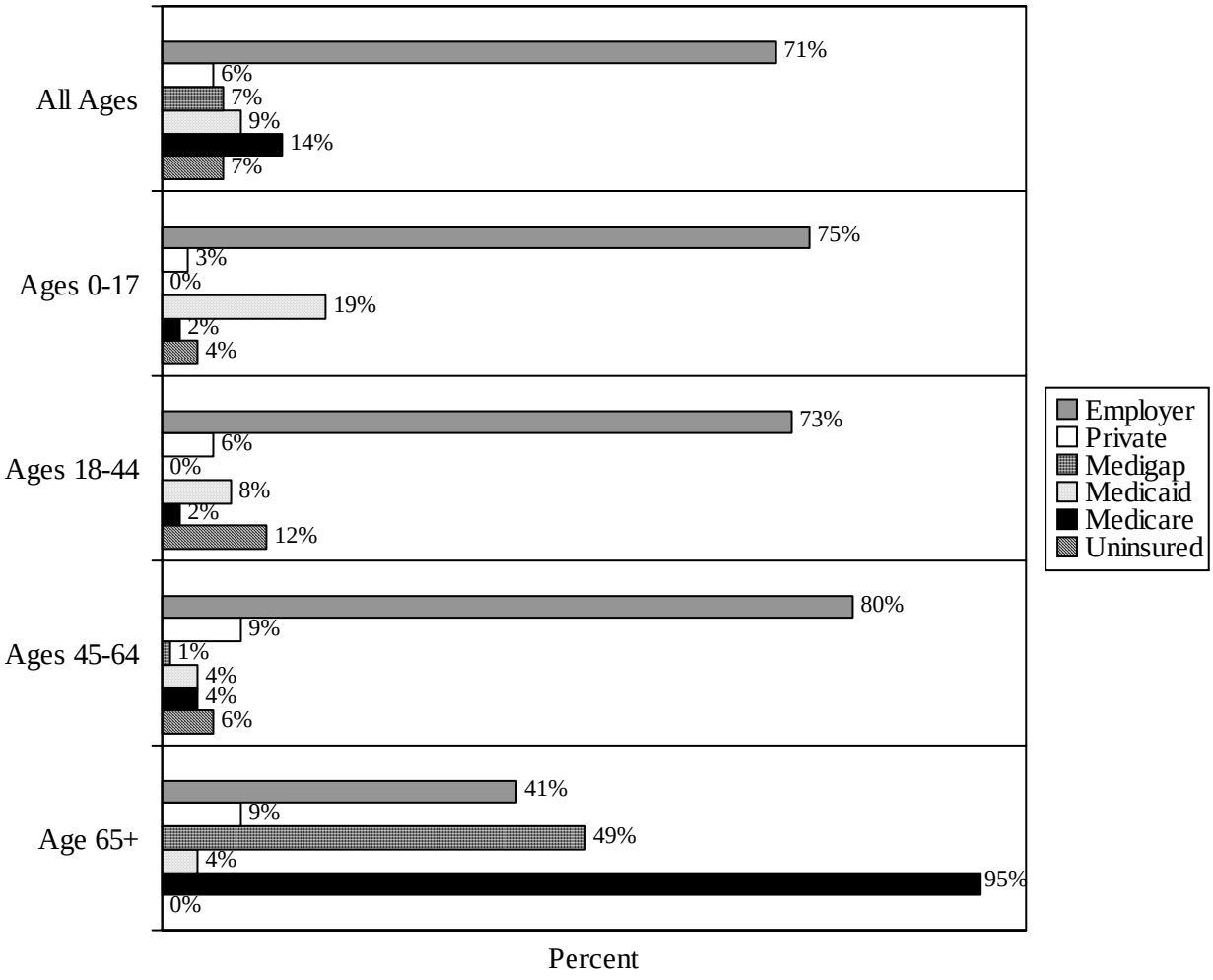
***Medicare and Medigap*** includes those with Medicare and Medigap coverage, except for those who also have employer-sponsored coverage. It also includes some with private, military, or Medicaid coverage.

***Medicare and Private*** includes all those with Medicare and privately purchased insurance, except people who also have either employer-sponsored or Medigap insurance.

***Medicare and Other*** includes all other types of insurance and other combinations. This includes anyone with Medicare and military insurance, or Medicare and Medicaid, as long as they were not included in one of the categories above.

Eighty-seven percent of people 65 and older had two or more types of insurance.

**Figure 6. Health Insurance Coverage by Type, Wisconsin 2004**




Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

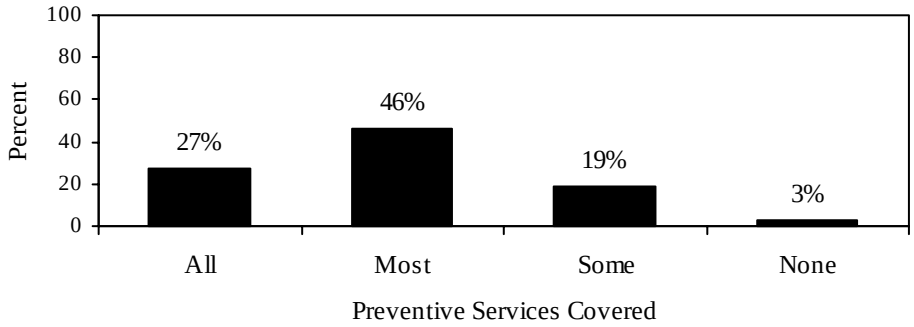
Note: Each insurance type includes anyone who has that type, either alone or in combination with other types. The insurance types are not mutually exclusive; percentages for each age group may total more than 100%. See Tables 3 and 4 for definitions of employer and private insurance.

Most household residents age 65 and older have Medicare coverage (95%) and 4 percent of them have Medicaid coverage (Figure 6).

Figure 6 presents information about type of insurance in a different manner than do Tables 3 and 4. In Figure 6, a person who has two types of insurance is shown twice.

The costs of general checkups and other preventive services were not covered for 3 percent of people with employer-sponsored or private health insurance (Figure 7). This can be considered a measure of underinsurance in the population. These data were obtained by asking privately insured respondents: *"Does this health insurance plan pay for all, most, some, or none of the costs of general checkups and other preventive services?"* (The question about coverage of preventive care was asked only for persons with employer-sponsored and other private insurance. In general, Wisconsin Medicaid covers preventive services; Medicare covers limited preventive services, primarily screenings for specific diseases.)

**Figure 7. Coverage of Preventive Care Among Those Who Have Employer-Sponsored Insurance or Are Privately Insured, Wisconsin 2004**




Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: Data on this question were not available for 4 percent of those surveyed.

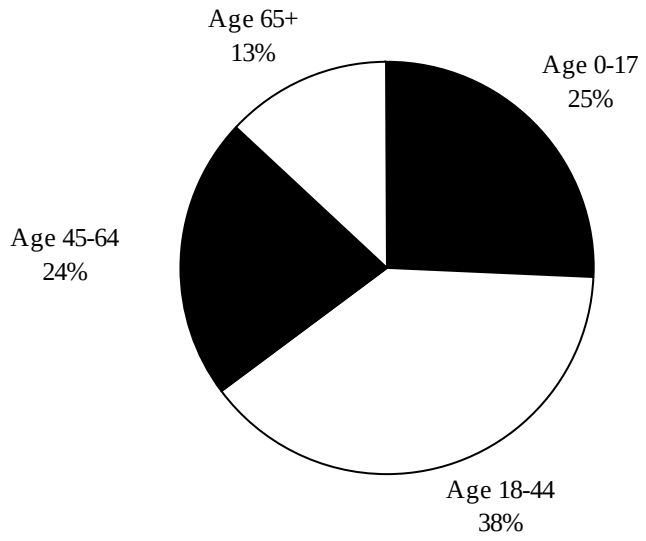
# Household Population Characteristics

This section describes characteristics of the Wisconsin household population subgroups for whom health statistics are presented in this report. All of the characteristics described here are estimates from the 2004 Family Health Survey weighted data. The Family Health Survey is considered to be representative of all persons who live in Wisconsin households. Survey results can be used to describe household residents, keeping in mind that survey estimates are going to differ from results of a complete count, such as a census.

According to 2004 Family Health Survey results, approximately 63 percent of the household population is in the age bracket generally considered to be "working age" (ages 18-64) (Figure 8). Another 13 percent are adults aged 65 and older, while 25 percent of the household population are children.

The household population consists of males and females in roughly equal proportions (49% and 51%, respectively) (not shown in figure).

**Figure 8. Household Population by Age, Wisconsin 2004**

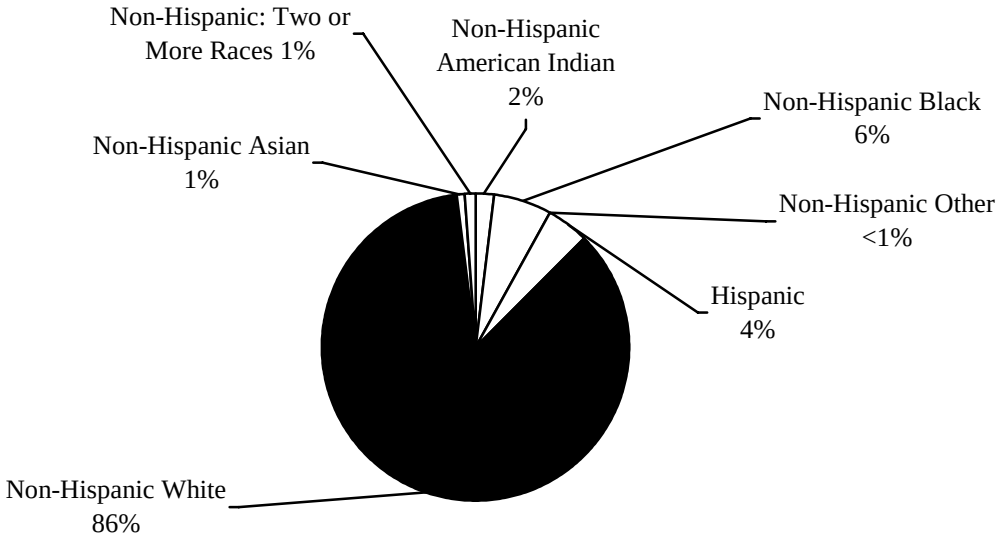



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

The vast majority of the Wisconsin household population is non-Hispanic white (86%), according to estimates from the Family Health Survey. Six percent of the population is non-Hispanic black and 4 percent is Hispanic or Latino. Two percent of the population is non-Hispanic American Indian, 1 percent is composed of non-Hispanic members of two or more racial groups, and 1 percent is non-Hispanic Asian (Figure 9).

Among children (ages 0-17), 79 percent are non-Hispanic white, 8 percent are non-Hispanic black and 6 percent are Hispanic or Latino. Two percent of children are non-Hispanic American Indian and 2 percent are non-Hispanic members of two or more racial groups. One percent of children are non-Hispanic Asian.

***Figure 9. Household Population by Race and Ethnicity, Wisconsin 2004***

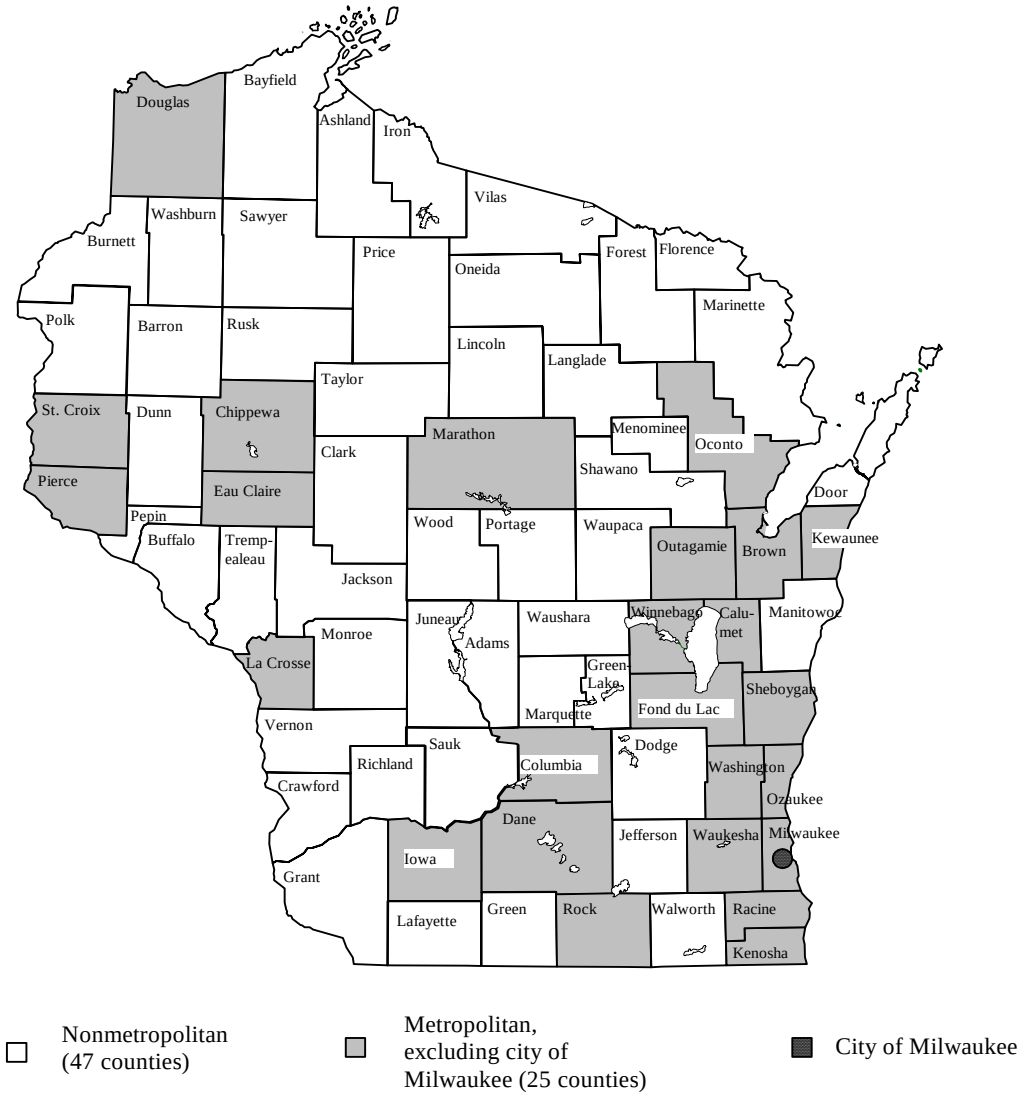



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Race and ethnicity estimates are based on two survey questions. Respondents are first asked: *"Are you Hispanic or Latino?"* This is followed by: *"Which one or more of the following is your race: American Indian, Asian, Black or African American, White, or something else?"* These questions are then asked for each member of the household.

Based on 2004 Family Health Survey estimates, 12 percent of the state's household population live in the city of Milwaukee, 60 percent live in the balance of Milwaukee County and the other 24 metropolitan counties, and 28 percent live in the 47 nonmetropolitan counties (Table 8, page 22).

**Figure 10. Metropolitan and Nonmetropolitan Wisconsin**



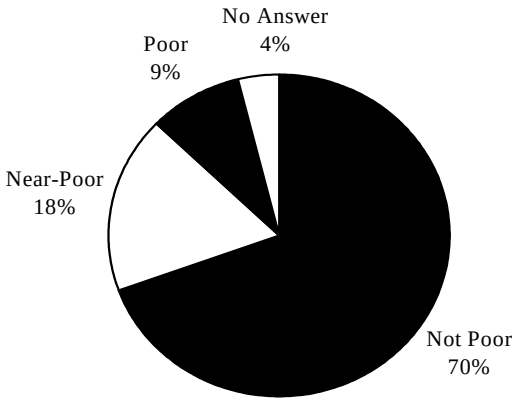

Source: U.S. Office of Management and Budget and U.S. Bureau of the Census.

According to 2004 Family Health Survey results, 9 percent of Wisconsin's household population lived in a poor household in 2003 (Figure 11).

Fourteen percent of Wisconsin children lived in households considered poor, and another 20 percent lived in households considered near-poor (Table 5).

Poverty status was determined by asking respondents about total household income from all sources in 2003 and the number of people living in the household (see Technical Notes, pages 26-27).

**Figure 11. Household Population by Poverty Status, Wisconsin 2004**




Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

**Table 5. Household Population by Poverty Status and Age, Wisconsin 2004**

| | Poverty Status | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Age Group*** | **Poor** | | | | **Near-Poor** | | **Not Poor** | |
| | Percent | (C.I.±) | Number | (C.I.±) | Percent | (C.I.±) | Percent | (C.I.±) |
| 0-17 | 14% | (2%) | 180,000 | (22,000) | 20% | (2%) | 64% | (2%) |
| 18-44 | 9 | (1) | 178,000 | (25,000) | 18 | (2) | 72 | (2) |
| 45-64 | 5 | (1) | 69,000 | (14,000) | 9 | (1) | 83 | (2) |
| Total (all ages) | 9 | (1) | 489,000 | (38,000) | 18 | (1) | 70 | (1) |

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

* Poverty status could not be estimated for persons aged 65 and older because the household income questions were not answered for 14 percent of this age group.

An estimated 91 percent of all adults living in households (3,685,000 people) have completed high school or more education (Table 6, below, and Table 8, page 22).

The proportion of "working-age" adults (ages 18-64) who have completed high school or more education (93%) is larger than the proportion among adults aged 65 and older (84%).

**Table 6. Adult Household Population by Educational Attainment and Age, Wisconsin 2004**

| | Education Completed | | | | | |
|---|---|---|---|---|---|---|
| **Age Groups** | **Less than high school** | | **High school graduate** | | **More than high school** | |
| | Percent | (C.I.±) | Percent | (C.I.±) | Percent | (C.I.±) |
| 18-44 | 6% | (1%) | 32% | (2%) | 60% | (2%) |
| 45-64 | 6 | (1) | 35 | (2) | 58 | (2) |
| 65+ | 14 | (2) | 44 | (3) | 40 | (3) |
| All Adults (18+) | 8 | (1) | 35 | (1) | 56 | (1) |

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.
The category "Less than high school" includes all those who did not graduate from high school and do not have a G.E.D. (General Educational Development certificate).

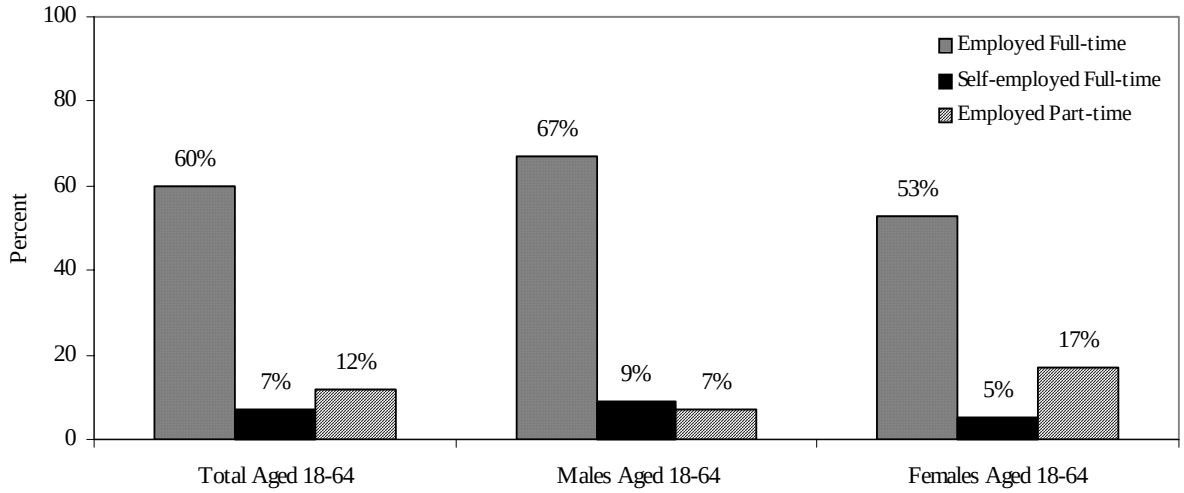
In 2004, an estimated 60 percent of adults ages 18-64 (2,008,000 people) were employed full-time, 7 percent (227,000) were self-employed full-time, and 12 percent (396,000 people) were employed part-time, making a total of 79 percent who were employed. Men and women differ considerably in the proportion employed full or part-time, with men more likely to be employed full-time (Table 7 and Figure 12, next page).

**Table 7. Household Population Aged 18-64 by Employment Status and Sex, Wisconsin 2004**

| | Employment | | | | | |
|---|---|---|---|---|---|---|
| | **Employed Full-time** | | **Self-employed Full-time** | | **Employed Part-time** | |
| | Percent | (C.I.±) | Percent | (C.I.±) | Percent | (C.I.±) |
| Males | 67% | (2%) | 9% | (1%) | 7% | (1%) |
| Females | 53 | (2) | 5 | (1) | 17 | (2) |
| Total Aged 18-64 | 60 | (2) | 7 | (1) | 12 | (1) |

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.
Note: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

**Figure 12. Household Population Aged 18-64 by Employment Status and Sex, Wisconsin 2004**




Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

**Table 8. Characteristics of Wisconsin's Household Population, 2004**

| | Percent | (C.I.±) | Number | (C.I.±) |
|---|---|---|---|---|
| **Total** | **100%** | | **5,343,000** | |
| **Age Groups** | | | | |
| 0-17 | 25 | (1%) | 1,310,000 | (57,000) |
| 18-44 | 38 | (1) | 2,050,000 | (64,000) |
| 45-64 | 24 | (1) | 1,294,000 | (56,000) |
| 65+ | 13 | (1) | 689,000 | (44,000) |
| **Sex and Age Groups** | | | | |
| **Male** | | | | |
| 0-17 | 25 | (2) | 669,000 | (40,000) |
| 18-44 | 39 | (2) | 1,038,000 | (45,000) |
| 45-64 | 24 | (2) | 645,000 | (40,000) |
| 65+ | 11 | (1) | 288,000 | (29,000) |
| **Female** | | | | |
| 0-17 | 24 | (1) | 641,000 | (40,000) |
| 18-44 | 37 | (2) | 1,011,000 | (45,000) |
| 45-64 | 24 | (1) | 649,000 | (40,000) |
| 65+ | 15 | (1) | 400,000 | (27,000) |
| **Race/Ethnicity** | | | | |
| White, non-Hispanic | 86 | (1) | 4,617,000 | (45,000) |
| Black, non-Hispanic | 6 | (1) | 300,000 | (30,000) |
| Hispanic | 4 | (--) | 189,000 | (24,000) |
| **Residence** | | | | |
| City of Milwaukee | 12 | (1) | 617,000 | (42,000) |
| Other Metropolitan (excluding city of Milwaukee) | 60 | (1) | 3,218,000 | (64,000) |
| Nonmetropolitan | 28 | (1) | 1,508,000 | (59,000) |
| **Poverty Status** | | | | |
| Poor | 9 | (1) | 489,000 | (38,000) |
| Near-poor | 18 | (1) | 940,000 | (50,000) |
| Not poor | 70 | (1) | 3,723,000 | (60,000) |
| **Educational Attainment** | | | | |
| **Ages 18 and older** | | | | |
| Less than high school diploma | 8 | (1) | 308,000 | (31,000) |
| High school graduate | 35 | (1) | 1,423,000 | (55,000) |
| Education beyond high school | 56 | (1) | 2,262,000 | (57,000) |
| **Employment** | | | | |
| **Ages 0-17** | | | | |
| Live with employed adult(s) | 93 | (1) | 1,216,000 | (17,000) |
| Live with no employed adult(s) | 7 | (1) | 94,000 | (17,000) |
| **Ages 18-64** | | | | |
| Employed full-time | 60 | (2) | 2,008,000 | (54,000) |
| Self-employed full-time | 7 | (1) | 227,000 | (28,000) |
| Employed part-time | 12 | (1) | 396,000 | (35,000) |

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: A dash (--) indicates 0.5 percent or less.
C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

# Technical Notes

**Wisconsin Family Health Survey Design**

The Wisconsin Family Health Survey (FHS) is a telephone survey of Wisconsin households, designed to provide estimates of health care coverage, various health problems and use of health care services among people across the state.

The Family Health Survey sampling frame consists of all Wisconsin households with a working telephone. In 2004, the sample design for selecting telephone numbers for the survey divided the state into six sample strata, five of which were defined geographically by grouping all 72 counties into five areas. Telephone area code/prefix combinations from these five strata were randomly sampled at rates proportionate to the population size of each stratum. A sixth sample stratum consisted of telephone prefixes within the city of Milwaukee that had previously been found to include at least 20 percent black respondents. This stratum was also randomly sampled.

The University of Wisconsin Survey Center, University of Wisconsin-Madison, the contracted survey laboratory, drew the samples and conducted all interviews for 2004. Trained interviewers called the sampled telephone numbers and conducted the survey using a computer-assisted telephone survey system (CASES). Each telephone number was called at least 10 times before being designated unanswered. The final overall response rate was 59 percent.

The questions asked in the FHS were designed in the Wisconsin Bureau of Health Information and Policy. Interviews were conducted from February through December of 2004. The final FHS sample consisted of 2,441 household interviews, representing a total of 6,330 Wisconsin household residents. A total of 571 households were interviewed from February through March; 614 from April through June; 754 from July through September; and 502 from October through December. The demographic characteristics of the 2004 sample are displayed in Table 9 (next page), which presents the unweighted frequencies. The results in this table are not representative of the Wisconsin population because they have not been weighted to correct for disproportionate sampling rates.

The adult in each household who knows the most about the health of all household members is selected to answer all survey questions during the telephone interview. This respondent answers survey questions for him/herself as well as for all other household members. Since each household member does not speak directly to the interviewer, survey answers are "reported" by the respondent. The reader will see the phrase *. . ." was reported to be . . ."* in this report. In places where this phrase is not used, the reader should keep in mind that all information here is reported by one respondent on behalf of all household members. In 2004, 70 percent of the respondents were women. Abbreviated versions of various survey questions appear with some of the tables in this report and in the Appendix. A copy of all questions asked in 2004 may be obtained from the Bureau of Health Information and Policy.

The data set for analysis of the 2004 Family Health Survey was constructed in the Bureau of Health Information and Policy, using the individual as the basic unit for analysis. Some missing data (i.e., respondent refused to answer or answered "don't know") on the age and sex variables were imputed, using interview transcripts and similar cases. About 9 percent of respondents did not answer questions needed to calculate poverty status. Through imputation from other income information, the final proportion of households with missing information on poverty status was reduced to 5 percent (unweighted for households).

**Table 9. Wisconsin Family Health Survey 2004 Sample**

| | | | |
|---|---|---|---|
| **Total** | **6,330** | | |
| **Age Groups** | | **Residence** | |
| 0-17 | 1,606 | City of Milwaukee | 1,031 |
| 18-44 | 2,075 | Other Metropolitan (excluding city of Milwaukee) | 3,553 |
| 45-64 | 1,782 | Nonmetropolitan | 1,746 |
| 65+ | 867 | | |
| **Sex and Age Groups** | | | |
| **Male** | | Poverty Status | |
| 0-17 | 815 | Poor | 620 |
| 18-44 | 1,012 | Near-poor | 1,077 |
| 45-64 | 869 | Not poor | 4,391 |
| 65+ | 398 | | |
| **Female** | | Educational Attainment | |
| 0-17 | 791 | **Ages 18 and older:** | |
| 18-44 | 1,063 | Less than high school diploma | 376 |
| 45-64 | 913 | High school diploma | 1,698 |
| 65+ | 469 | More than high school | 2,603 |
| **Ethnicity and Race** | | | |
| Hispanic or Latino | 186 | Employment | |
| White, not Hispanic/Latino | 5,279 | **Ages 0-17** | |
| Black or African American, not Hispanic/Latino | 557 | Live with no employed adult(s) | 138 |
| | | Live with employed adult(s) | 1,468 |
| American Indian or Alaska Native, not Hispanic/Latino | 97 | **Ages 18-64** | |
| | | Employed full-time | 2,257 |
| Asian, not Hispanic/Latino | 53 | Self-employed full-time | 280 |
| Other, not Hispanic/Latino | 35 | Employed part-time | 448 |
| Two or more races, not Hispanic/Latino | 88 | | |

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

A weight was constructed for each person record in the data set, to adjust for the varying sampling rates, response rates by stratum and number of telephone numbers in each interviewed household. When these weights are applied to the data set, the results are considered to be representative of all Wisconsin household residents in 2004.

One additional component was included to construct the final weight: the total estimated household population in Wisconsin, tabulated for 40 separate subgroups. These subgroups were composed of the combinations of four age groups (0-17, 18-44, 45-64, 65+), by two sex groups, by five geographic regions. The sum total of the 40 subgroups is the estimated household population. Also, the black population within Milwaukee County was adjusted to match the proportion black in the 2000 Census. The population used to weight this data set was 5,343,044, the total estimated household population for Wisconsin on July 1, 2003. This "post-stratification" weight component is applied to each data set record along with the weight described above.

These data set weights were used in computing each percentage and number of people presented in this report. This is the best available method to produce reliable results from the survey data. All references to "weighted" data in this report refer to data that have been adjusted by using these weights so they are representative of the Wisconsin household population.

## Definitions of Variables Used in This Report

***Age and Sex***. These characteristics are reported by the respondent for each household member. Individual years of age are classified into four groups for analysis: ages 0 through 17, 18 through 44, 45 through 64, and 65 and older.

***Ethnicity and Race***. FHS respondents were first asked if anyone in the household was Hispanic or Latino. Then they were asked to report each household member's race or races. Up to five races could be reported for each person.

In this report, all persons who were reported to be Hispanic or Latino are in the Hispanic/Latino category. All persons not reported as Hispanic/Latino, but for whom two or more races were reported, are in the "two or more races" category. All remaining persons are distributed in the "single-race, not Hispanic/Latino" categories. Some ethnic and racial groups are not included in the tables due to small sample sizes.

***Metropolitan and Nonmetropolitan***. In 2004, 25 Wisconsin counties were designated as metropolitan counties by the federal Office of Management and Budget, based on the 2000 U.S. Census standards. These counties are: Brown, Calumet, Chippewa, Columbia, Dane, Douglas, Eau Claire, Fond du Lac, Iowa, Kenosha, Kewaunee, La Crosse, Marathon, Milwaukee, Oconto, Outagamie, Ozaukee, Pierce, Racine, Rock, St. Croix, Sheboygan, Washington, Waukesha, and Winnebago. Counties are designated as metropolitan because they either 1) have a central city of at least 50,000 people or 2) are adjacent and economically linked to a "central city" county. For the tables in this report, results for the city of Milwaukee have been separated from the rest of the metropolitan counties. The "Other Metropolitan" category includes Milwaukee County outside the city plus the remaining 24 metropolitan counties. The other 47 counties are nonmetropolitan.

***Poverty Status***. The relationship between the number of people in a household and the annual income of that household determines the poverty status. The Family Health Survey asked several questions about total household income during the calendar year prior to the survey (2003), and used current household size to determine whether a household's income was below the federal poverty guideline. A household of four people was considered poor if the total income was below $18,000. (This is an approximation of the 2003 federal guideline, which was $18,400.) The "near-poor" category used in this report includes all people in households where the income was greater than the poverty guideline but less than twice the guideline. For a household of four, this was $37,000 (Table 10, next page).

***Educational Attainment***. Years of schooling completed are categorized in three groups for this report. Adults who finished 11 grades of school or less are in the first group, "less than high school diploma." Adults who completed 12 years of school or a G.E.D. are in the "high school graduate" group, and adults who attended college or technical school beyond high school are in the "education beyond high school" group.

***Working-Age Adults (ages 18 to 64)***. People in this age range are classified by employment status. Those who were working full-time for an employer at the time of the survey interview are grouped together; some in this group also were self-employed. Among those not working full-time for an employer, those who were self-employed full-time are grouped together, as are those who were working part-time. The remaining adults ages 18-64 include homemakers, the retired, full-time students, persons laid off, the unemployed (either looking or not looking for work), and those disabled persons who are unable to work. These adults were not grouped together, as they are too disparate.

**Table 10. Wisconsin Family Health Survey Poverty Guidelines, 2003**

| Household Size | Poor | Near-Poor |
|---|---|---|
| 1 | $9,000 | $18,000 |
| 2 | $12,000 | $24,000 |
| 3 | $15,000 | $31,000 |
| 4 | $18,000 | $37,000 |
| 5 | $22,000 | $43,000 |
| 6 | $25,000 | $49,000 |

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. Guidelines derived from *Federal Register*, February 7, 2003, and rounded to nearest $1,000.

Note: All members of a household were considered "poor" if total household income was less than the poverty guideline shown for a household of that size. Household members were considered "near-poor" if total household income fell between the poor and near-poor guidelines shown for a household of that size.

***Children Under Age 18.*** All children under age 18 are classified by the employment status of the adults in their household. If at least one adult was employed either part-time or full-time, then the child was classified as living with an employed adult. If no adult in the child's household was employed at the time of the interview, then the child was classified as living with no employed adults.

***Health Insurance.*** As used in this report, "health insurance" includes any kind of private or public coverage for health care costs, including Medicare, Wisconsin Medicaid (or BadgerCare) and other government-funded insurance. The FHS does not obtain detailed information about the extent of services covered by insurance, nor information about costs of premiums, deductibles and co-payments.

Questions about health insurance coverage inquire about specific types of insurance in this sequence: Medicare, employer-sponsored, Medicare supplement or Medigap, private (insurance bought directly from an agent or company), coverage from someone not living in the household, military health care (TRICARE, CHAMPUS, CHAMP-VA, VA), Medicaid (including Title 19, BadgerCare and Healthy Start), and other types of coverage (HIRSP and GAMP are specifically mentioned). For each type of insurance, the respondent is asked whether any household members are currently enrolled and, for each enrolled person, whether that person has been enrolled for less than or more than 12 months.

At the end of this set of questions, the respondent is asked about each person who was not reported to be covered by any type of insurance. This verification question locates another small group of people who otherwise would mistakenly be considered uninsured.

People with Indian Health Service medical care and no other coverage are considered uninsured in this report.

***Health Insurance Coverage Over the Past Year***. This estimates three groups: the percentage of residents who were covered by any type of insurance over the entire 12 months preceding the telephone interview, the percentage who had coverage during part of the 12 months and had no insurance part of the time, and the percentage who had no health insurance at all during the preceding 12 months.

Because FHS interviews were conducted throughout the year, the "preceding 12-month" period is variable. For example, respondents interviewed in May 2004 were asked to report their health insurance coverage for the 12-month period between May 2003 and May 2004.

A comparison between 2003 (4%) and 2004 (5%) estimates of the percent without health insurance for all of the past year shows a statistically significant increase in 2004.

The annual FHS estimate of uninsured for the entire year has not been identical to that reported annually by the U.S. Census Bureau's Current Population Survey (CPS). Though both surveys estimate the proportion of persons who were uninsured for the entire past year, differences in measurement methods may explain most of the discrepancy between estimates. For example:

- The sample design for the FHS is a random sample of telephone numbers, stratified by regions, while the CPS uses a nationally representative multistage cluster sample.
- The FHS insurance question refers to the past 12 months while the CPS asks about the previous calendar year.
- The study designs are different: the CPS is longitudinal, conducting eight interviews with each household over a two-year period, while the FHS is a point-in-time study, conducting one interview with each household.
- There are variations in interviewer training and methods. The first CPS interview is conducted face-to-face, while the FHS is conducted only by telephone.
- The survey questions are worded differently.
- The FHS is designed to collect health-related information, while the CPS is primarily a labor force survey.

Despite the differences between the two surveys, findings on the characteristics of people without health insurance are consistent in both surveys. The Wisconsin Family Health Survey, the Census Bureau's Current Population Survey and other reputable surveys find that persons are much more likely to be uninsured if they (or their family members) are unemployed, members of some minority groups, low-income or poor, or lacking a high school diploma.

The reader is advised to use CPS estimates to make comparisons between states. However, for program purposes, the FHS is a better source of information about health insurance among Wisconsin residents since the FHS is focused on health information, and offers the capacity for more detailed analysis.

***Insured and Uninsured***. The "current" estimate of health insurance coverage is the percentage (or number) who had health insurance coverage at the time of the interview. It is a "snapshot" estimate, a cross-section of the Wisconsin household population at one point in time. Any type of public or private insurance coverage at the time of the interview classifies a person as having health insurance. Those with no insurance at the time of the interview are considered uninsured.

There was a statistically significant increase in the estimates of the currently uninsured from 2003 (6%) to 2004 (7%).

***Type of Health Insurance Coverage.*** As previously described, respondents were asked specifically about whether household members had various types of health insurance coverage at the time of the survey interview. Results of these questions are shown in Tables 3 and 4, and Figure 6.

Table 3 includes everyone under the age of 65. Everyone who had employer-sponsored insurance, with or without any other type of insurance, is included in the "Employer-Sponsored" column. The "Private" column includes everyone with private coverage, with or without other types, except for those with both private and employer-sponsored coverage (shown in the Employer-Sponsored column). The Medicaid column includes everyone with Medicaid, BadgerCare, Healthy Start, and other types of Medicaid. It excludes those who have Medicaid coverage in combination with employer-sponsored or private coverage. Everyone who has insurance and is not included in the first three columns is shown in the "Other Types" column. The types of insurance shown in Table 3 are mutually exclusive and exhaustive, so each age group totals to about 100 percent.

Table 4 includes everyone age 65 and older. Virtually everyone in this age group has some type of health insurance coverage; fewer than 1 percent are uninsured. The column "Insured, No Medicare" includes everyone who is insured without having Medicare coverage; this includes various combinations of employer-sponsored, military and private coverage. "Medicare Only" includes the small group who have Medicare without any other type of insurance. The remaining four columns display various combinations of insurance with Medicare. As in Table 3, the column "Medicare and Employer-Sponsored" includes everyone with this combination, even if they also have other types of insurance. The next column, "Medicare and Medigap," includes all combinations with these types except those that include employer-sponsored insurance, which are displayed in the "Employer-Sponsored" column. This pattern also holds for the two remaining columns. The types of insurance in Table 4 are mutually exclusive and exhaustive, so each age group totals to about 100 percent.

Figure 6 displays types of insurance in a different way than Tables 3 and 4. In Figure 6, five major types of insurance are shown without regard to whether or not they are combined with other types. The categories are not mutually exclusive; they overlap. Thus, people with two types of insurance are represented twice in Figure 6. Everyone who has any employer-sponsored insurance, private insurance, Medigap, Medicaid and Medicare is shown. Each group includes people who have other types of insurance as well.

**Tables in This Report**

With the exception of Table 9, all information presented in the tables and figures in this report, including the estimates of Wisconsin's household population characteristics, was produced from the weighted 2004 Family Health Survey.

The tables include estimated percentages, 95 percent confidence intervals, and estimated numbers of people. Results are referred to as "estimated" percentages and numbers because all of the results are derived from a sample survey. The weighted survey data provide reliable estimates of characteristics of Wisconsin's population. The percentage estimates, as well as the percentage confidence intervals, are rounded to whole numbers to avoid the impression of greater precision than is warranted from a sample survey. The estimated numbers of people, which are estimates of the Wisconsin household population, are rounded to the nearest 1,000 for the same reason.

The Family Health Survey conducts interviews with randomly selected households, a sample of all Wisconsin households. The random sample is used to represent the actual Wisconsin population, but the sample will have some small amount of variation from the actual population. Statistical procedures, such as constructing confidence intervals, are a guide to the amount of precision attributed to the survey results.

In most tables presented in this report, the 95 percent confidence interval (for both the estimated percents and number of people) is in parentheses. Add the confidence interval value to the estimated percent to find the high boundary of the 95 percent confidence interval, and subtract it from the percent to find the low boundary. For example, on the top line of Table 2 (page 10), 7 percent of Wisconsin household residents were reported to be uninsured at the time of the survey interview. Adding and subtracting the 1 percent value yields a 95 percent confidence interval of 6 to 8 percent. This means that 95 out of 100 random surveys would estimate that 6 to 8 percent of Wisconsin household residents in 2004 were uninsured at a given point in time. The same procedure applies to the estimated number of people: adding and subtracting 34,000 from 377,000 yields a 95 percent confidence interval of 343,000 to 411,000 persons who were currently uninsured.

**Statistical Tests**

A statistical test was used each time a difference between two estimates is identified in the text. For example, the phrase "those more likely to be uninsured " means that the difference between the identified groups was tested and found to be a statistically significant difference, not due to random variation. Only those differences that are statistically significant at the 0.05 level are mentioned in this report. A t-test of the differences between percents was used to determine statistical significance.

In some tables the percentage estimates would be expected to sum to 100 percent, but they do not. This is due to two factors: rounding to whole numbers and the omission of "no answer" categories. The "no answer" category includes refusals to answer and answers of "don't know." Information about the "no answer" or missing data category is presented in tables when it is a notable percentage.

# Appendix

**Abbreviated Interview Schedule**
**2004 Family Health Survey Insurance Questions**

The questions are presented here as if they were asked only of the respondent, but in fact most questions were asked about each person living in the respondent's household. The respondent answered all questions on behalf of the other household members. The complicated skip patterns built into the interview schedule are not shown here (nor are the response categories); skip patterns are based on the answers to prior questions. This is a simplified version of the survey's health insurance and demographic questions only, presented for ease of understanding.

After the interviewer asks who is the most knowledgeable person in the household (in matters related to the health of other household members), that person is selected to be the respondent and answers questions on behalf of everyone in the household. At the start of the interview, the respondent is asked to list all persons living in the household and to give their first name, their relationship to the respondent, and their age and sex.

**FAMILY HEALTH SURVEY INTERVIEW SCHEDULE (PARTIAL)**

- Now I have some questions about insurance coverage. At this time, is anyone in your household enrolled in:
  - Medicare, the health insurance for people 65 and older and people with certain disabilities?
  - Insurance provided through a current or former employer or union?
  - A Medicare supplement or Medigap plan?
  - An insurance plan bought directly from an insurance agent or insurance company?
  - An insurance plan of someone who does not live in this household?
  - TRICARE, CHAMPUS, CHAMP-VA, VA, other military health care, or the Indian Health Service?
  - There are a number of government programs that pay for health care for low-income and working families. At this time, is anyone in your household enrolled in Medicaid, Title 19, T-19, Medical Assistance, BadgerCare, Healthy Start or any other Medicaid program?
  - HIRSP, the Health Insurance Risk Sharing Plan, WisconCare, GAMP, the General Assistance Medical Program, or any other insurance?

*(The next questions were asked as needed for each type of insurance coverage.)*

- Have you been enrolled in this health insurance plan for less than 12 months or for more than 12 months?
- Whose employer or union provides this plan?
- At this time, in addition to the policyholder, who else is covered by this plan?
- Does this health plan cover all, most, some or none of the costs of general check-ups and other preventive services?
- When you are sick or injured, does this health plan cover all, most, some or none of the costs of health care at a doctor's office or health care clinic?
- For overnight hospital stays, does this health plan cover all, most, some or none of the costs?
- Is this plan an HMO, that is, a Health Maintenance Organization?

*(The next questions were asked for those who were insured for less than 12 months.)*

- Were you uninsured at some time during the past 12 months?
- For how many months were you uninsured?

*(The next questions were asked of those who did not have health insurance coverage at the time of the interview.)*

- According to the information I have so far, you do not have health care coverage at this time. Is that correct?
  - Were you covered by health insurance at any time during the last 12 months?
  - For how many of the past 12 months did you have health insurance?
  - What kind of health insurance did you have during the time you were insured?
  - What was the main reason your health insurance coverage stopped?

*(The next questions were asked about household members of working-age, 18-64.)*

- Last week, did you do any work, either full-time or part-time for pay or profit?
- Do you have a job from which you were temporarily absent last week?
- What was the main reason you did not have a job last week?
- Are you going to school full-time?
- Last week, did you have a second job or business, in addition to your main job or business?
- Let's talk about your main job – the job where you worked the most hours last week. Were you working for an employer, self-employed, or both?
- Was your employer the government, a privately-owned company or business, a non-profit organization, or something else?
- How long have you been working for this employer?
- Were you working on a farm?
- Do you work at a place that has more than 50 employees?
- How many hours per week do you usually work on this job?
- Do you consider your job temporary? Why?
- You said that you have health insurance coverage from a current or former employer or union and that other household members are covered through that policy. Is that insurance through this job?
- Do you pay all, most, some, or none of the costs of premiums for this health insurance?
- Has the employer or the union offered you health insurance?
- Does your employer or union offer health insurance to any other employees?
- Would the health insurance offered by your employer or union cover anyone in your household besides you?

*(The next two questions were asked about all household members aged 18 and older.)*

- What is the highest grade or level in school or college you have completed?
- Are you now married, widowed, divorced, separated, or never married?

*(The next questions were asked about all household members.)*

- Are you Hispanic or Latino?
- What is your Hispanic or Latino origin? Is it Mexican-American, Puerto Rican, Cuban, or something else?
- Which one or more of the following is your race? American Indian, Asian, Black or African American, White, or something else?
- In what county is this residence located?

  *(Asked if residence is in Milwaukee County.)*
  - Is this residence in the city of Milwaukee?
- What is your Zip code?
- Do you live on a farm?

(*The next series of questions was about annual household income. Respondents were asked three income questions, depending on their household size. Answers to these questions were used to compute poverty status. Because this is a complex section of the interview, only one example is given here, based on a household of four.)*

- Thinking of the total income for everyone in your household from all sources, before taxes, in 2003, was that income less than $18,000, between $18,000 and $37,000, or greater than $37,000?

*(If the respondent answers "greater than $37,000," the following question is asked.)*

- Was your total household income in 2003 less than $55,000 or greater than $55,000?

*(If the respondent answers "greater than $55,000,"a final income question is asked.)*

- Would you say that your household's total income from all sources, before taxes, in 2003 was less than $75,000 or greater than $75,000?

Thank you very much for your time and cooperation.